

Patient Code: \_\_\_\_\_



## MEDICAL RECORD RELEASE

### TO WHOM IT MAY CONCERN:

I hereby request release of all psychiatric records and information concerning \_\_\_\_\_ to:  
*(patient's name)*

Tarique D. Perera  
Psychiatrist, Clinical Director  
Contemporary Care Associates  
81 Holly Hill Lane 2<sup>nd</sup> Floor  
Greenwich, CT 06830  
(203) 321-5063 - phone  
**FAX: (203) 769-1313**

**\*Patient Date of Birth:**

(MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Doctor or Facility:**

**Address of Doctor or Facility:**

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
*(including area code)* *(including area code)*

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_