



JERSEY MEDICAL WEIGHT LOSS
 1527 Route 27 – Suite 2100
 Somerset, NJ 08873
 (732) 659-6650 – Office (732) 659-6649 – Fax
 www.jerseymedicalweightloss.com

MEDICAL RECORDS RELEASE AUTHORIZATION

I authorize the custodian of my medical records to disclose and/or release my health information to the following healthcare provider:

Dr. Aparna Chandrasekaran
 1527 Route 27 – Suite 2100
 Somerset, NJ 08873
 (732) 659-6650 [o] - (732) 659-6649 [f]

I understand that this authorization is voluntary and the information obtained will be used for health care purposes. By signing below, I represent and warrant that I have the authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending that would prohibit, limit or otherwise restrict my ability to authorize disclosure of this protected health information.

 Print Name or Representative's Name Relationship to Patient

 Street Address City & State Zip Code

(____) _____
 Telephone Number Date of Birth

 Signature or Representative's Signature Date

Type of medical records information we are requesting dated between _____ and _____

- € EKG's
- € Lab reports
- € Radiology Reports
- € Pathology reports
- € Operation or procedure notes
- € Consultations
- € Other _____