

Central Jersey Family Medical Group, P.A.
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Dr. Jared B. Newman - Dr. Joseph A. Bordieri

Medical Records Department

I, _____ authorize _____
Print Patient Name Date of Birth

Central Jersey Family Medical Group, P.A. to request / release my medical records from / to the following facility/doctor:

Name of facility/doctor

Phone / Fax

I understand these records may contain information created by other persons or entities, including physicians and other health care providers as well as information regarding the use of drugs and alcohol treatment services, HIV/AIDS treatments, and mental health services.

Please send the following records:

- Complete medical record
- Labs
- Other:
- Radiology/Imaging
- Immunization Records

Patient Signature(Parent/Guardian of Minor)

Date

This fax may contain PHI (Protected Health Information) which is HIGHLY CONFIDENTIAL information and is intended for the EXCLUSIVE use of the address only. If you receive this fax in error, please call the phone number above and destroy the information contained. To do otherwise would be a violation of Federal Law (HIPAA)