

**INTEGRATED DERMATOLOGY OF NJ, LLC**

**(ADULT & PEDIATRIC DERMATOLOGY, LLC)**

385 ROUTE 18, SUITE E

EAST BRUNSWICK, NJ 08816

P: 732-390-1883 F: 1-732-907-1711

**MEDICAL RECORD RELEASE FORM**

PATIENT \_\_\_\_\_

D.O.B \_\_\_\_\_

RECORDS REQUEST FORM: INTEGRATED DERMATOLOGY

PLEASE RELEASE ALL RECORDS TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: I acknowledge that there is a fee for obtaining paper copies of my medical records. \$1.00 per page or \$100.00 for the entire record, whichever is less. If the record requested is less than 10 pages, we may charge up to \$10.00 to cover postage and the miscellaneous costs associated with retrieval of the record.**

**I have read the above foregoing authorization for release of medical information and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.**

PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_