



222 High Street, Suite 205, Newton, NJ 07860
T: 973.579.2100 | F: 973.579.6638 | sussexheart.com

RELEASE OF MEDICAL RECORDS

Date: _____

Patient's Name: _____ Patient's Date of Birth: _____

To Facility Information / Doctor Name: _____

Phone: _____ Fax Number: _____

I hereby authorize you to release records to:

The Medical Group of New Jersey – Sussex Cardiology
222 High Street, Suite 205
Newton, NJ 07860

Please include any diagnostic testing and medical records of any treatments or examinations during the
period from _____ to _____

Patient Signature

Date

Print Name

Witness