GRUENWALD & COMANDATORE, MDs

90 Millburn Avenue, Suite 101
Millburn, NJ 07041
Tel. # 973-378-7990
Fax # 973-378-7991

OUTGOING RECORDS RELEASE AUTHORIZATION

I, _____ , parent/guardian of patients listed below, hereby request and authorize you to release the records of:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

The information to be released will cover the time period from _____ to _____, and will include:

- □ Immunizations only (no charge)
- □ Entire Record □ Include previous medical records
- □ Specialist Reports _____
- □ Other: _____
- □ **Exception: I do NOT give permission to release:** _____

Leaving the practice? □ YES □ NO
Reason for Leaving: _____

Delivery Method:
- □ Pick Up by _____
- □ Fax to _____
- □ Mail to:
  - Name: _____
  - Address: _____
  - _____

Record Release Fee: **$15 each for the first two patients, $10 for each additional patient**
We accept cash, check and all major credit card payments.

I understand that requests for Entire Records will take up to ten business days to complete.
The record release process will begin once payment is received. Entire Records cannot be faxed.

_____	_____	_____
Signature of Responsible Party	Date Signed	Telephone Number

For Internal Purpose Only:

Manager's Initial _____ Date _____

Faxed Date _____
Mailed Date _____
Staff Initial _____

Revised: 10/28/16