Princeton & Rutgers Neurology, P.A.
A CENTER OF EXCELLENCE

Personal Release of Records

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NOTE

A request for printed copies of medical records not being sent to a treating provider is **$1 per page**.

Records can be picked up in the **SOMERSET office only** or mailed to the address provided in the space below.

I, _____, hereby authorize and request that **Princeton & Rutgers Neurology** release any/all my medical records concerning treatment and care from _____ to _____.

Please send the requested information to:

_____
(Street Address)

_____
(City, State, Zip Code)

Phone:_____

Patient Name: _____ **Date of Birth**: _____

Signature: _____ **Today's Date**: _____