

Princeton & Rutgers Neurology, P.A.

A CENTER OF EXCELLENCE

Medical Records Release



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Princeton

800 Bunn Drive Suite 204
Princeton, NJ 08540
T. 609-497-0300
F. 833-914-0455

To: _____
(Name of Doctor or Hospital)

(Street Address)

(City, State, Zip Code)

I, _____, hereby authorize and request that you release
all my medical records concerning my illness and/or treatment during the time period
of _____ to _____.

Please send my requested medical records to
PRINCETON & RUTGERS NEUROLOGY

- 77 Veronica Avenue, Ste 102 Somerset, NJ 08873
P: 732-246-1311 F: 833-914-0459
- 9 Centre Drive, Suite 130 Monroe, NJ 08831
P: 609-395-7615 F: 833-914-0454
- 800 Bunn Drive, Suite 204 Princeton, NJ 08540
P: 609-497-0300 F: 833-914-0455

Patient Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____