

MEDICAL RECORDS REQUEST

Your request will be processed as soon as possible, please allow 24 – 48 hours to complete. You will receive a call from our office when the records are ready for pick-up. We can only release medical records to the patient or the person designated on the Notice of Privacy and we ask that you please have a photo ID when picking up medical records.

Patient Name: _____

Address: _____

City, State Zip: _____

Date of birth: _____

Telephone: _____

Office pick-up location:

Montclair Nutley West Caldwell Jersey City Verona

Records Requested:

Exam/Modality	Date of Service	Report	CD

Patient Signature: _____ **Date:** _____