

Release of Records

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



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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 medical records
concerning my 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:** _____