

Bergen Family Practice of North Jersey
50 South Franklin Turnpike
Ramsey, NJ 07446
Telephone: (201) 934-0043
Fax: (201) 934-6217

PATIENT MEDICAL RECORDS REQUESTS AND RELEASES

I _____ am giving authorization to copy and release the
MEDICAL RECORDS OF _____ DOB _____
(please print patient's name)

I will be releasing the records to _____
(please print Doctor's name)

(please print Doctor's address and phone number)

My relationship to the patients is: _____

My phone number is: _____

My address is: _____

Signature: _____ Date: _____

Reason for transfer: _____

There is a fee for that, by law, can be up to \$1 dollar per page with a cap of \$100 dollars plus a \$10 dollar search and copy fee.

Please make all checks payable to: **Heart & Vascular Associates**
Please send the check, along with a stamped self addressed envelop to:

Bergen Family Practice of North Jersey
50 South Franklin Turnpike
Ramsey, NJ 07446

If you would prefer to pay by credit card, have any questions, comments or concerns you can reach us at 201 934 0043. Thank you for your cooperation.

Medical Records Department

for office use only

Sent: _____

Payment Received: _____

Chart Retrieved: _____

Chart Mailed: _____