

**To send your records to Brick Women's Physicians:
Please print this form, fill it out,
sign it and fax to: 732 202 0664**

**Brick Women's Physicians
1140 Burnt Tavern Road Suite 2A
Brick , NJ 08724
(732) 202-0700 (Main)
(732) 202-0664 (Fax)**

Medical Records Request

To Whom It May Concern:

I, _____
Patient Name Date of Birth Patient Phone Number

Patient Address

do hereby authorize, _____ to

release ALL of my medical records in your possession.

Please forward records to:

Brick Women's Physicians 1140 Burnt Tavern Road Suite 2A Brick, NJ 08724

Signature of patient/guardian/authorized representative

Date