

## The Rubino OB/GYN Group Medical Release Form

101 Old Short Hills Road, Suite 101, West Orange, NJ 07052 Tel: 973-736-1100 / Fax: 973-736-1134

## Request form to send medical records to The Rubino OB/GYN Group

This form is a request to release medical records for the following patient to The Rubino OB/GYN Group:

atient's current street address:	
City:	State:
Patient's phone #:	Date of birth:
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Patient's Signature:	
Patient's Signature:	Date:
Patient's Signature:  Please release my records to t  [ ] Robert J. Rubino,	
Patient's Signature:  Please release my records to t  [ ] Robert J. Rubino, [ ] Audrey Romero, N	Date:

Fax or email this medical request form to:

101 Old Short Hills Road, Suite 101, West Orange, NJ 07052

Fax: 973-736-1834

Email: medicalrecords@rubinoobgyn.com