



levare dolorem

Office Address:
408 MAIN STREET #101D
BOONTON, NJ 07005

833-4PAINTX Phone
973-352-9519 Fax

Mailing Address:
P.O. Box 429
Mountain Lakes, NJ 07046

samcaruthersmd@gmail.com

AUTHORIZATION TO RELEASE RECORDS

Patient's Name: _____

Date: _____

Address: _____

I hereby authorize ALL MEDICAL PROVIDERS

To disclose to Samuel G. Caruthers, MD
PO Box 429
Mountain Lakes, NJ 07046

by FAXING to 973-352-9519

The complete medical history records in your possession, concerning my illness, treatment and/or
evaluation during the period _____ to PRESENT.

Patient's Signature

Today's Date