

NORTH JERSEY INTERVENTIONAL PAIN CENTER

OFFICE ADDRESS:
PARSIPPANY COMMONS
3219 Route 46 East
Parsippany, NJ 07054

PHONE: 862.222.4629
EMAIL: njipctr@gmail.com

MAILING ADDRESS: P.O. Box 429 Mountain Lakes, NJ 07046

FAX: 973.352.9519

AUTHORIZATION TO RELEASE MEDICAL RECORDS

PATIENT'S NAME:	DATE:		
ADDRESS:	STREET ADDRESS		
	CITY	STATE	ZIP CODE
I hereby authorize	ALL MEDICAL PROVIDERS		
TO DISCLOSE TO	Samuel G. Caruthers, MD P.O. Box 429 Mountain Lakes, NJ 07046	by F	AXING to 973-352-9519
The complete medi	cal history records in your po	ssession, cor	cerning my illness, treatment and
evaluation during th	ne period	to <u>PR</u>	ESENT
PATIENT'S SIGNATURE		TODAY'S DATE	