

Mullica Hill Medical Associates PC

201 Bridgeton Pike, Mullica Hill NJ 08062 Tel: 856 478 2111

Release of Information form

To,
Medical Records dept.

(Name of the Practice, records being asked from)

I, _____, consent to
release of my medical information requested below, to Dr. Pooja
Malik and Dr. Rajesh Malik.

Please Include following with the records:

- My recent Lab work records
- My recent Visits
- My Immunization records
- My records from other physicians sent to you in past
- My Medication list
- My Radiology procedure results

Please send the information to:

Attention: Medical Records

Mullica Hill Medical Associates PC

201 Bridgeton Pike

Mullica Hill NJ 08062

Tel: 856 478 2111

Fax: 856 478 4709

Sincerely,

Name of the patient: _____

Signature: _____ Date: _____