

# ***RECORDS RELEASE AUTHORIZATION***

I HEARBY AUTHORIZE AND REQUEST YOU TO RELEASE MY MEDICAL RECORDS TO:

**Glendale Primary Care  
Matthew G. Pinto, DO and Andrea L. Farwell, NP  
363 West Browning Rd  
Suite A  
Bellmawr, NJ 08031  
856-931-6950 phone  
856-931-6951 fax**

THE COMPLETE HISTORY AND RECORDS INCLUDING ANY PERTINENT X-RAY REPORTS AND AUDIOGRAMS IN YOUR POSSESSION CONCERNING MY ILLNESS AND/OR TREATMENT DURING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ ALL RECORDS IN YOUR POSSESSION

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Dr's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Note:

If you use an EMR we are enabled to receive Peer to Peer transfers via eClinicalworks EMR. If you would like to transfer the patient's records electronically, please contact our office directly for information on establishing a link.