



Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

I hereby authorize The Medical Group of New Jersey – Sussex Cardiology to release medical records to:

\_\_\_\_\_  
\_\_\_\_\_

This includes any diagnostic information and records of treatment or examination rendered to me during the period from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

- Richard C. Redline, MD, FACP, FACC
- Robert L. Masci, MD, FACC
- David S. Buyer, MD, FACC
- Gerald Cioce, MD, FACC, FSCAI
- Scott A. Schwarz, MD, FACP, FACC
- Benjamin R. Bergman, MD, FACC
- Conner O'Keefe, MD, RPVI
- Thomas A. Lanzilotti, MD, FACC
- Maria L. Bazsa, APN-C
- Linda Tabor, APN-C
- Victoria Kresse, PA

222 High Street, Suite 205, Newton, NJ 07860  
Phone: (973)579-2100 || Fax: (973)579-6638

111 East Catharine Street, Suite 220, Milford, PA 18337  
Phone: (570)296-4500

5 Route 94, Building F, Vernon, NJ 07462  
(973)827-0844

[www.sussexheart.com](http://www.sussexheart.com)