



Date: _____

Patient's Name: _____

Patient's Date of Birth: _____

To Facility Information / Doctor Name: _____

Phone: _____ Fax Number: _____

I hereby authorize you to release records to:

The Medical Group of New Jersey – Sussex Cardiology
222 High Street, Suite 205
Newton, NJ 07860
Phone: (973)579-2100 || Fax: (973)579-6638

Please include any diagnostic testing and medical records of any treatments or examinations during the period from _____ to _____

Patient 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

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111 East Catharine Street, Suite 220, Milford, PA 18337
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