

MEDICAL RECORDS RELEASE

DaCosta Medical Group
59 Main Street • Suite 1
West Orange, NJ 07052
P: (862) 520-1696 / F: (973) 672-9299

TO:

REFERENCE:

You are hereby requested and authorized to disclose, make available and furnish to DaCosta Medical Group all information, records, X-Rays, MRI reports and/or copies thereof related to my examination, confinement of treatment and to permit them to inspect and make copies abstracts thereof.

Patient Signature and Authorization

Date