New Image Wellness

1001 Lincoln drive West Suite B

Marlton, NJ 08053

Phone: (856) 983-4940

Fax (856) 983-3408

**Medical Release Form**

Date:

To: Physician/Medical Facility:

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

Attention: Phone: Fax:

Please Release MY:

Medication list

Imaging Reports

Physician Notes

Lab Reports

To:

New Image Wellness

1001 Lincoln drive West Suite B

Marlton, NJ 08053

Phone: (856) 983-4940

Fax (856) 983-3408

I, give permission for the above records to be release to New Image Wellness as indicated above.

I further consent to give permission for my physician(s) to forward my records to other physicians and/or other medical facilities felt to be necessary and appropriate in the management of my medical condition.

Patient Address:

Date of Birth:

Patient Signature/Parent if minor or deemed unable to sign:

Date: Time: