



101 Old Short Hills Rd, Ste 101, West Orange, NJ 07052
Tel: 973-736-1100 Fax: 973-736-1134

Medical Records Release Form to The Rubino OB/GYN Group

I, _____,

(patient's first and last name)

date of birth _____, patient's phone # _____, request the release of medical records to The Rubino OB/GYN Group to the doctor indicated below:

Robert J. Rubino, MD

Allan Kessel, MD

Audrey Romero, MD

Jacqueline Saitta, MD

Lisa Abeshaus, MD

Priya Patel, MD

Diana Huang, MD

Meryl Kahan, MD

Abigail Whetstone, MD

PATIENT'S SIGNATURE: _____ DATE: _____

Disclosure: The Rubino OB/GYN Group medical records release form is the patient's responsibility to ensure medical records are received from current physician.

**PLEASE SEND MEDICAL RECORDS TO THE RUBINO
OB/GYN GROUP TO:**

Fax: 973-736-1834