



The Rubino OB/GYN Group

Medical Release Form

101 Old Short Hills Road, Suite 101, West Orange, NJ 07052
Tel: 973-736-1100

Medical Record Request

This form is a request for The Rubino OB/GYN Group to release medical records for the patient listed below, from the following doctor (check the appropriate box):

- | | |
|--|--|
| <input type="checkbox"/> Robert J. Rubino, MD | <input type="checkbox"/> Allan Kessel, MD |
| <input type="checkbox"/> Audrey Romero, MD | <input type="checkbox"/> Jacqueline Saitta, MD |
| <input type="checkbox"/> Lisa Abeshaus, MD | <input type="checkbox"/> Priya Patel, MD |
| <input type="checkbox"/> Diana Huang, MD | <input type="checkbox"/> Meryl Kahan, MD |
| <input type="checkbox"/> Abigail Whetstone, MD | <input type="checkbox"/> Vivian Chou, MD |

REASON: (check one) SPECIALIST MOVING LEFT PRACTICE

Patient's first and last name: _____

Patient's current street address: _____

City: _____ State: _____

Patient's phone #: _____ Date of birth: _____

Please release my records to the following:

Physician's Fax Number: _____

Name: _____

Address: _____

Patient's Signature: _____ Date: _____

Email this medical request form to:
medicalrecords@rubinoobgyn.com