



101 Old Short Hills Rd, Ste 101, West Orange, NJ 07052  
Tel: 973-736-1100 Fax: 732-396-3262

## 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:

- |  |  |  |
|--|--|--|
| <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"/> Ann-Marie Tang, MD    | <input type="checkbox"/> Dana Ortiz, MD    | <input type="checkbox"/> Jennifer FitzGibbons, APN |

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: 732-396-3262**