



NJ GASTRO
 A DIGESTIVE WELLNESS CENTER
 973-645-0000

24 MERCHANT ST. NEWARK, NJ 07105

WWW.NJGASTROENTEROLOGY.COM



AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

PATIENT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

FOR OFFICE USE ONLY:

I HEREBY AUTHORIZE AND REQUEST _____ TO PROVIDE MY MEDICAL RECORDS TO NJ GASTRO, LLC/ DR. DOMENICA BARRITTA FOR THE PURPOSES OF CONTINUED MEDICAL CARE.

PHONE _____ FAX _____

THE FOLLOWING MEDICAL RECORDS BEING REQUESTED ARE:

- Endoscopy reports with pathology/biopsy
- Colonoscopy reports with pathology/biopsy
- Labs
 - Bloodwork
 - Stool Studies
 - Urinalysis
 - Other: _____
- Radiology
 - CT Scan _____
 - Ultrasound _____
 - MRI _____
 - Other: _____
- Other records: _____

PATIENT'S SIGNATURE

DATE