WAYNE BEHAVIORAL SERVICE, LLC

401 Hamburg Turnpike, Suite 302
Wayne, New Jersey 07470
Tel: 973-790-9222
Fax: 973-790-0671
www.WayneBehavioral-NJ.com

MEDICAL RECORDS RELEASE/REQUEST

Date: _____

Patient Name: _____

D.O.B.: _____

Address: _____

_____

Signature: _____

I, _____, hereby authorize Wayne Behavioral Service, LLC at 401 Hamburg Turnpike, Suite 302, Wayne, New Jersey 07470 to release/request my
circle one
complete medical records of any reports, notes, evaluations or histories to/from:
circle one

Name: _____

Address: _____

_____

Telephone #: _____ Fax #: _____

Restrictions:

_____

_____

_____