

SOUTH JERSEY HEART GROUP



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Clinical • Consultative • Electrophysiology & Pacing • Diagnostic • Interventional Cardiology

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REQUEST TO RELEASE MEDICAL RECORDS

PATIENT NAME: _____ DATE OF BIRTH: _____
(PLEASE PRINT)

PATIENTS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:
SOUTH JERSEY HEART GROUP / LOURDES CARDIOLOGY SERVICES
63 KRESSON ROAD CHERRY HILL, NEW JERSEY 08034
PHONE: 856-482-8900 FAX: 856-667-6588

PATIENT SIGNATURE: _____ DATE: _____

CHERRY HILL OFFICE
63 KRESSON ROAD
CHERRY HILL, NJ 08034
856-482-8900/FAX 856-482-7170

FRANKLIN MEDICAL ARTS BLDG.
181 W. WHITE HORSE PIKE SUITE 201
BERLIN, NJ 08009
856-768-6600/FAX 856-768-3371

#1 WASHINGTON MEDICAL ARTS BLDG.
539 EGG HARBOR ROAD
SEWELL, NJ 08080
856-589-0300/FAX 856-589-1753

EAST BUILDING SUITE 101
1113 HOSPITAL DRIVE
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609-835-3550/FAX 609-835-3557