

MEDICAL RECORDS RELEASE

From: The Office of Dr. Sharon Scherl/Dr. Sanjosh Singh
45 Central Avenue
Tenafly, NJ 07670

To: _____

I request a copy or summary of the following medical records:

- Complete Medical Record
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Other

Please check one:

- For dates of service from ___/___/___ to ___/___/___
- For all dates of service

I understand that there may be a reasonable medical records copying fee as permissible by state law.

Signature _____

Date ___/___/___