Freehold Medical Group
3499 Rte. 9 North
Freehold, NJ 07728

Medical Records Release Request

A request for release of medical records must be signed by the patient or his/her legal guardian. Patients over 18 years of age must sign their own release. Please use a separate form for each patient requesting a record release.

There will be no charge for record release if your records are being transferred to Dr. Heitzer or Dr. Raccuglia. If you would like a copy of your record to be sent to another physician or yourself, the usual and customary charge of $10.00 plus $1.00 per copied page, up to a maximum of $100.00 will apply. In that event, please ask the staff to provide you with an alternate release form. This form may be used only for transfer of records to Dr. Heitzer or Dr. Raccuglia.

Please print clearly	
PATIENT'S LAST NAME:	PATIENT'S FIRST NAME:
Date of Birth:	Social Security Number:
Address:	City:
State:	Zip Code
Telephone: ( )	

I hereby authorize the release of my medical record(s) to:

[ ] Dr. Frederic Heitzer

[ ] Dr. Joseph Raccuglia

SIGNATURE OF PATIENT/GUARDIAN (If patient is a minor):	**Date of Request:**