



Hudson Eye Physicians & Surgeons, LLC

Donald J. Cinotti, MD
Catherine Origlieri, MD
Rudolph S. Wagner, MD

William H. Constad, MD
Nikki Rai, OD
Scott M. Walsman, MD

Donald A. Greenfield, MD
Julia G. Schneider, MD
Grace K. Woo, OD

MEDICAL RECORDS RELEASE FORM

To: _____

Address: _____

Phone: _____

Fax: _____

Please release my medical records to:

Physician Name: _____

Mailing Address: _____

Phone Number: _____

I authorize the release of my medical records or other health care information, including intake forms, chart notes, reports, correspondence, and other written information concerning my health and treatment during the period of

_____ to _____.

Print Name

Signature

Date of Birth

Date

Jersey City
600 Pavonia Ave, 6th Floor
Jersey City, NJ 07306
P (201) 963-3937
F (201) 963-8823

Millburn
288 Millburn Avenue
Millburn, NJ 07041
P (973) 912-9100
F (973) 912-0800

Bayonne
124 Avenue B & 43rd Street
Bayonne, NJ 07002
P (201) 436-1150
F (201) 436-0161