



The Whole Child Center

690 Kinderkamack Road - Suite 102

Oradell, NJ 07649

Phone (201) 634-1600

Fax (201) 634-1606

www.wholechildcenter.org

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Please send a copy of my medical records to:

The Whole Child Center
Attn: Dr. Rosen
FAX # (201) 634-1606
(or by mail to above address)

Name of Patient(s) and DOB:

Name of Person Requesting Records / Relationship to Patient(s):

I attest that I have a legal right to these medical records as either the patient or the legal guardian/parent.

SIGNATURE: _____

DATE: _____