



Prestige Pain Centers P.C.

Gurbir Johal M.D.

P.O. Box 370

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Billing address and inquiries

400 Route 34, Ste A

Matawan, New Jersey 07747

T: (732) 441-7177 F: (732) 441-7165

Medical Records Release Form

Doctor's name and/or Hospital

Address

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Complete medical records in your possession concerning my illness and/or treatment during

Period from _____ To _____

Name: _____

Address: _____

Signature

Date

Witness