

**HUNTERDON FAMILY PHYSICIANS**  
**RECORDS RELEASE AUTHORITY**

I, \_\_\_\_\_, hereby request that  
(Patient's name) (Date of Birth)

\_\_\_\_\_, provide a copy of my medical  
(Doctor's name) (Doctor's Phone #)

records in its entirety and release it to: **Hunterdon Family Physicians**  
**111 Route 31, Suite 111**  
**Flemington, NJ 08822**  
**Tel (908) 284-9880**  
**Fax (908) 782-4316**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient's or Legal Guardian's signature)

\*Please submit this to your previous doctor. They will then send your records directly to our office. Thank you.