THE GASTROENTEROLOGY GROUP OF NORTHERN NEW JERSEY, LLC

ENGLEWOOD DIVISION
Ivan A. Friedrich, M.D.
Kenneth P. Rubin, M.D.
Vincent S. Panella, M.D.
Mark S. Sapienza, M.D.
Irina Kaplounov, M.D.
Sandarsh Kancherla M.D.
Eugene S. Han, M.D.

ENGLEWOOD CLIFFS DIVISION
Richard K. Chessler, M.D.
Barry M. Zingler, M.D.
Mitchell K. Spinnell, M.D.
Michael E. Meininger, M.D.
Marc A. Fiorillo, M.D.
Eugene S. Han, M.D.

Please complete the following information:

Physician's name:______________________________

Address: ______________________________________

_____________________________Phone #:__________________Fax #______________________

Patient Name: ___________________________

Address: _______________________________

____

Phone: ________________________________

SSN: __________________________ Date of Birth:________________

I authorize the custodian of records of to release the following information (check all applicable):

___All records ___Abstract/Summary
___Laboratory/pathology records ___Pharmacy/Prescription records
___X-ray/radiology records ___ Other (describe specifically) __________
____

Dates for services provided on the following dates: __________________________________

This information should be sent to the following:

The Gastroenterology Group of Northern New Jersey, LLC.
ENGLEWOOD CLIFFS DIVISION
140 Sylvan Avenue, Suite 101A
Englewood Cliffs, NJ 07632
201-945-6564
201-461-5242 FAX

_______________________________ _______________________________
Patient's signature Date

_______________________________ _______________________________
Printed Name Witness

Records from another MD to our office