



EYE PHYSICIANS
OF SUSSEX COUNTY

ROBERT G. BARONE, M.D., F.A.C.S, RETINA
LAURA A. HIRSCHFELD, M.D., F.A.C.S, CORNEA/REFRACTIVE
AMIT V. VORA, M.D., CORNEA/REFRACTIVE

183 HIGH STREET, NEWTON, NEW JERSEY 07860 • TEL: 973-383-6345 FAX: 973-383-0032
www.sussexeyes.com

Record Release

I hereby authorize and request you to release my relevant medical records in your possession concerning my illness and/or treatment during the period from _____ to _____.

To be released: **TO / FROM**

Eye Physicians of Sussex County
183 High Street
Newton, NJ 07860
P: 973-383-6345 F: 973-383-0032

To be released: **TO / FROM**

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

Patient Signature: _____ Today's Date: _____

Witness Signature: _____ Today's Date: _____