

Beckie Michael, D.O., F.A.C.O.I., F.A.S.N.
Marlton Nephrology and Hypertension, LLC
775 Route 70 East, Suite F-120A
Marlton, New Jersey 08053
Phone: 856-988-8800 Fax: 856-988-8804
www.marltonkidneydisease.com

CONSENT TO RELEASE MEDICAL INFORMATION

Patient Name: _____

Date of Birth: _____

Patient Address: _____

I, _____, hereby consent to the release

of the following information from my medical records by

to Marlton Nephrology and Hypertension at the above address or fax.

This consent expires on _____

- Laboratory Results
- Radiology Reports
- Operative Reports
- Consultation/Office Notes
- Other requested reports

Signature _____ Date _____