

BRIDGE TO LIFE CLINICAL CONSULTANTS, LLC



COMPREHENSIVE MEDICAL AND PREVENTIVE SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize

To furnish medical records or medical information to:

Bridge To Life Clinical Care
Parlin, NJ 08859
Phone # (848) 444-1962
Fax #: (848) 900-8009

Please send with the following information: _____

Any medical information should be regarding the person who's behalf this release is signed.

Patient _____

Address _____

Phone # _____

DOB _____

Patient/ Representative Signature _____

Relationship to patient if signed by representative _____