

# Horizon Cardiology

10-14 Saddle River Road  
Fair Lawn, NJ 07410  
(551) 246-3008

## RECORD RELEASE

Date: \_\_\_\_\_

PATIENT'S NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize Cardiac Associates of North Jersey to release my complete medical records concerning my illness and/or treatment during the period

Most Recent: H & P

Last: Labs, EKG, Stress, Echo, Holter, ABI, AAA, Cartoid, Nuclear, Stress Echo

These records are to be sent to the following:

Horizon Cardiology  
10-14 Saddle River Road  
Fair Lawn, NJ 07410  
(551) 246-3008

Signed: \_\_\_\_\_  
(Patient or Nearest Relative)

Witness: \_\_\_\_\_

Relationship: \_\_\_\_\_