

**RECORDS RELEASE**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

I hereby authorize you to release to Raymond Pekala MD

99 West Gate Dr

Cherry Hill, NJ 08034

Phone: 856-428-1400

Fax: 856-428-9358

215 White Horse Pike

Haddon Heights, NJ 08035

Phone: 856-547-1646

Fax: 856-547-9138

Any information including the diagnosis and records of any treatment or examination rendered to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip