Baher Yanni M.D. Tolga Kapusuz M.D.
Amanda Morris PA-C, Payal Patel PA-C, Carmen Cheng PA-C
Hye Min Kim APN

Authorization to Release Healthcare Information

Patient's Name: _____ Date of Birth: _____

S.S. Number: _____ Telephone Number: _____

I request and authorize to release my healthcare information to:

Baher Yanni, M.D. Tolga Kapusuz, M.D.
Amanda Morris PA-C, Payal Patel PA-C, Carmen Cheng PA-C
Hye Min Kim, APN

FAX records to 609-371-9110

I specifically request the following records authorized for release:

__ Last three operative reports
__ Initial Office Visit
__ Procedure Flow Sheet
__ Medication Flow Sheet
__ Any CT, MRI or X-RAY report
__ Last three office visit reports

OR
__ All my records

Patient Name: _____

Patient Signature: _____

Date: _____