

Alex M. Mercado, M.D.

INTERNAL MEDICINE

191 ROUTE 206
FLANDERS, NJ 07836
Tel: (973) 584-0045
Fax: (973) 584-0094

Date: _____

REQUEST FOR MEDICAL RECORD RELEASE

I _____, date of birth _____

hereby request that _____ release my complete

medical record to my new doctor at the following address:

Alex M. Mercado, M.D.
191 Route 206
Flanders, NJ 07836

Signed: _____