Dr. Robert Pearlstein
Dr. Marian Bryce
Dr. Priya Vasdev
Dr. Andrew Graf
Dr. Charles Nguyen

Norriton Office Center
190 W. Germantown Pike, Suite 100
East Norriton, PA 19401
Phone: 610-272-8221
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Suburban Geriatrics

Records Release Authorization

To:_____
(Physician or Hospital)

_____ (Address)

I hereby authorize and request you to release medical records to:

Dr. Robert Pearlstein
Dr. Marian Bryce _ Dr. Priya Vasdev
Dr. Andrew Graf _ Dr. Charles Nguyen

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Please forward any x-rays, lab results, reports of special studies
(such as MRI, CT scans, Doppler, EKG, etc)

From_____To_____

Patient Name_____
Date of Birth_____
Address_____

Signature_____Date_____

Witness_____Date_____