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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I AUTHORIZE _____ TO FURNISH MY MEDICAL RECORD FOR DR. RABIA AWAN, AT 1503 ST. GEORGE'S AVENUE, STE 101, COLONIA, NJ 07067. ANY INFORMATION WITHOUT RESTRICTION OF ANY KIND FROM THE RECORDS IN MY FILE.

PATIENT'S NAME
(PLEASE PRINT)

PATIENT'S DOB

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TODAY'S DATE