Gyn Cancer & Pelvic Surgery LLC

Practice limited to Gynecologic Oncology, Reconstructive Pelvic Surgery and Consultative Gynecology

THAD R. DENEHY, M.D., FACOG, FACS
BOARD CERTIFIED IN GYN ONCOLOGY & OB/GYN

REQUEST FOR MEDICAL RELEASE

To obtain a copy of your medical records, complete this form and mail or fax to:
Gyn Cancer & Pelvic Surgery, 101 Old Short Hills Road, Suite 400 West Orange, NJ 07052 Fax : 973-325-8254
There will be a fee of $1.00 per page up to a maximum of $100.00.

Last Name:_____ First Name:_____ M.I.:_____ DOB:_____

Previous Last Name:_____

Address:_____ Apt #:_____

City:_____ State:_____ Zip:_____

Home Phone #: (_____)_____ Cell Phone #: (_____)_____

The following Health Information may be released:

□ **My entire medical record**	□ **Surgical Reports**	□ **Genetic Testing Results**
□ **Laboratory Reports**	□ **Radiology Reports**	□ **Letters**
□ **Pathology Reports**	□ **Operative Reports**	□ **Other:**_____

Dates of Treatment:_____

PURPOSE OF DISCLOSURE: Referral to Specialist: _____ Change of Doctor: _____ Insurance:_____

Workers Comp: _____ Legal Investigation: _____ Disability Determination: _____ Other:_____

RECIPIENT: To whom GCPS may disclose my health Information:

Company Name:_____

Address:_____ Apt #:_____

City:_____ State:_____ Zip:_____

Home Phone #: (_____)_____ Fax #: (_____)_____

□ **Please mail/fax my records to the recipient list above**

□ **Please mail my records to me at my home address**

□ **I will pick up records at GCPS, 101 Old Short Hills Road, Suite 400 West Orange, NJ 07052**

Signature of Patient:_____ Date:_____