



Virtua Center for Women at Voorhees
200 Bowman Drive
Suite E 340
Voorhees, NJ 08043
856-247-7600
Fax: 856-247-7629

AUTHORIZATION FOR RELEASE OF RECORDS

Name: _____

Date of Birth: _____

Social Security Number: _____

I Authorize Dr. /Hospital: _____

Located at: _____

Telephone Number: _____

Fax Number: _____

Please release information pertaining to any and all of my medical records to:

Virtua Center for Women at Voorhees
200 Bowman Drive, Suite E 340,
Voorhees, NJ, 08043
Phone: 856-247-7600
Fax: 856-247-7629

_____ Date: _____
(Signature of person requesting release of information)