

Horizon Cardiology

10-14 Saddle River Road
Fair Lawn, NJ 07410
(551) 246-3008

Records Release Authorization

DATE: _____

TO: _____

I hereby authorize you to release my medical records to:

Horizon Cardiology
Attn: **Medical Records**
10-14 Saddle River Rd
Fair Lawn, NJ07410
(201) 703-1100 - Fax
(551) 246-3008 – Telephone

Signature

Please Print Name and Date of Birth