

Horizon Cardiology

265 Ackerman Avenue
Ridgewood, NJ 07450
(551) 246-3008

Records Release Authorization

DATE: _____

TO:

I hereby authorize you to release my medical records to:

Horizon Cardiology
Attn: **Medical Records**
265 Ackerman Avenue
Ridgewood, NJ 07450
(201) 703-1100 - Fax
(551) 246-3008 – Telephone

Signature

Please Print Name and Date of Birth