

**RECORDS RELEASE AUTHORITY**

TO: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby request that you release to:

Dr Jisoo Han, MD, FACOG  
Best Choice OB-GYN  
2 Lincoln Highway  
Suite 311-A  
Edison, NJ 08820  
Tel 732-603-2122  
Fax 732-603-3566

reports of my diagnosis, treatment, prognosis, and recommendations, as well as other data pertinent to your treatment of me from

\_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Patient's Date of Birth    Signature of Patient (Parent, Guardian, or Personal Representative)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name Signed Above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient