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EMG-EEG  
Skin Biopsy  
Botox

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**MEDICAL RECORDS RELEASE FROM RIVERFRONT NEUROLOGY**

DATE: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

PLEASE RELEASE THE FOLLOWING MEDICAL RECORDS (CHECK ALL THE APPLY):

( ) ALL MEDICAL RECORDS

( ) TEST RESULTS

( ) TEST AND LAB RESULTS

( ) HOSPITAL RECORDS

FROM: RIVERFRONT NEUROLOGY, LLC  
301 COVENTRY DRIVE  
PHILLIPSBURG, NEW JERSEY 08865

PATIENT NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

WITNESS: \_\_\_\_\_