SNORE NO MORE
& Sleep Solutions
Dr. Michael S. Doblin
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Fair Lawn, NJ 07410
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NPI 134-675-5865
License # 12190NJ

Medical Records Release Form

Dr._____ **Phone:**_____
Fax: _____

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, the physician/person/facility/entity listed below.

Patient Name:_____

Your cooperation in expediting this process by sending together the prescriptions for the home sleep study, the oral appliance, as well as a shorty summary of the patients most recent office visit/physical. The information you may release subject to this signed release form is as follows:

- ☐ Complete Records
- ☐ History/Physical
- ☐ Sleep Study
- ☐ RX for Home Sleep Study
- ☐ Treatment Records
- ☐ Medication Records
- ☐ RX for Oral Appliance Therapy
- ☐ Other (please specify): _____

Release my protected health information to the following physician/person/facility:

Dr. Michael S Doblin & SNORE NO MORE

Signatures:

_____
Patient Name

_____
Signature of Patient

_____
Patient DOB or Social Security Number

Elayne Velazquez
Practice Manager

_____
Date

_____
Manager Signature