



**Atlantic  
Health System**

*Essex Morris Pediatrics*

*Richard Lander, MD, FAAP*

*Aneela Kundnani-Kriplani, MD*

*Jeanne Horsey, NP*

*Mary Hewitt, NP*

**REQUEST FOR MEDICAL RECORDS**

RE: Release of medical records for \_\_\_\_\_ D.O.B. \_\_\_\_\_

Provider Name: \_\_\_\_\_

Medical Practice/Hospital Name: \_\_\_\_\_

Street Address of Provider: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone & Fax #: \_\_\_\_\_

Dear Provider,

Please release my complete medical records/file to the following provider. This information will be used to further assist in my medical care and should be faxed to:

Essex Morris Pediatrics  
Fax: 973-992-1005

Or mailed to:

Essex Morris Pediatrics  
203 Hillside Avenue  
Livingston, NJ 07039

\_\_\_\_\_  
Patient/Parent/Guardian Signature

*203 Hillside Avenue  
Livingston, NJ 07039  
973-992-5588*