Joseph Solages, M.D., F.A.A.P.

1510 Park Avenue
South Plainfield, New Jersey 07080
Tel: (908) 754-2739

UTHORIZATION TO RELEASE HEALTH CARE INFORMATION

| Patient's Name: Jasoy Jarawillo Date of Birth: 4-10-00 Previous Name: Jasoy Jarawillo Date of Birth: 4-10-00 Previous Name: Jasoy Social Security #: Name: Mulhimond Jasoy Jasoy National | | 1 | ; | Carlo Salar | | | | |
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| Trequest and authorize release health care information of the patient named above to: Mathematical Information of the patient named above to: Ottuling Padigitation of the padigitati | Patie | nt's Name: | Jason | Jaramillo | Date of Birth: | 4-10- | OO | (). |
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| This request and authorization applies to: | Bealon | // Address | <u> </u> | 707 | | 1510 Pa | Avenue | ب. ر |
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