

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

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

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: Jason Jaramillo Date of Birth: 4-10-00
Previous Name: N/A Social Security #: N/A

I request and authorize Mahmoud Yassin to
release health care information of the patient named above to:

Name: Mah Address: 1510 Park Avenue
City: South Plainfield State: NJ
Divine Pediatrics, P.C.
Joseph Solages, M.D., F.A.A.P.
1510 Park Avenue
South Plainfield, NJ 07080
Telephone: (908) 754-2739

This request and authorization applies to:

☐ Health care information relating to the following treatment, condition, or dates:

☒ All health care information

☐ Other:

Patient Signature: [Signature] Date: 11/28/11

Relationship to Patient DAD
(If signed by personal representative of Patient): [Signature] Date: 11/28/11

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.

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242-1906