BAHER YANNI, M.D. ASHRAF SAKR, M.D
Interventional Pain Management Specialist
Board Certified and Fellowship Trained

Authorization to Release Healthcare Information

Patient's Name: _____ Date of Birth: _____

S.S. Number: _____ Telephone Number: _____

I request and authorize to release my healthcare information to:

Baher Yanni, M.D Ashraf Sakr, M.D
Interventional Pain Management Specialist
Board Certified and Fellowship Trained
FAX records to 609-371-9110

I specifically request the following records authorized for release:

_ Last three Operative reports
__Initial Office Visit
_ Procedure Flow Sheet
__Medication Flow Sheet
_ Any CT, MRI or X-ray Report
__ last three office visit reports

Or

___ All my records

Patient Name: _____

Patient Signature: _____

Date: _____

300A Princeton Hightstown Road, Suite 202, East Windsor, NJ
Tel: 609-371-9100 Fax: 609-371-9109