

Release of Medical Records

I give permission for my medical records (blood work, chart, EKG) to be released to:

Robert J. Tafuri, MD, DABFM, Medical Director
Bariatric Associates of New England, LLC
Preventive Medicine & Physician Directed Weight Loss
200 Orchard Street Suite 402, New Haven CT 06511
Tel. 203-786-5007

Patient Printed Name _____

Signature _____

Date _____