

Jagdish C Chugh MD; FAAP

**Pediatric and Adolescent Medical Center
160 Mountain Avenue, Suite 100
Hackettstown, NJ 07840
Phone: (908) 852-8787
Fax: (908) 852-8187**

Reference: Authorization to transfer Medical Records

FROM

Dr. / Facility Name _____

Address: _____

Fax _____ Phone _____

Please transfer complete records of my child/children:

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

TO

Jagdish C Chugh MD;FAAP
Pediatric and Adolescent Medical Center
160 Mountain Avenue, Suite 100
Hackettstown, NJ 07840

Signature

Print Name and Relation

Date

(Please see: If records exceed 10 pages, please send it by mail rather than faxing it.)