

**RONALD SACHS, M.D.  
RETINA ASSOCIATES OF  
NORTHWEST NEW JERSEY, P.A.**

**Medical and Surgical Diseases of the  
Retina, Vitreous and Macula  
Fax (973) 539-7576**

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**8 Saddle Road (201)  
Cedar Knolls, NJ 07927  
(973) 539-3600**

## **TRANSFER OF MEDICAL RECORDS**

If you wish to have your medical records transferred from our office to another physician, please fill out and return to us this authorization form via fax or mail.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Social Security No.: XXX-XX-\_\_\_\_\_

**I hereby authorize you to release medical records for the above-named patient to:**

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Fax no: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_