



Medical Record Release Form

I hereby authorize my physician to release my health information to:

MoleSafe

30 Columbia Turnpike, Suite 20, Florham Park, NJ 07932

Phone: 877-665-3723 Fax: 973-218-9633

This health information includes but is not limited to:

- Progress Notes
- Pathology Reports
- Lab Reports
- Medical History
- Physician Orders and/or Referrals
- All Medical Records