

DELAWARE MEDICAL CARE ASSOCIATES  
JAVED RHEUMATOLOGY ASSOCIATES INC

White Clay Medical Center

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Newark, DE 19713

P: (302) 633-9033

F: (302) 633-9032 or (302) 633-9034

Authorization to Release Medical Records

I \_\_\_\_\_, request that my records to be released to Dr. Ismail/Dr. Javed. Please send these records via mail fax to the above number. Thank you for your cooperation.

\_\_\_\_\_ Patient Signature \_\_\_\_\_ Witness

\_\_\_\_\_ Date \_\_\_\_\_ DATE