

**Subrahmanyam Ganti MD PA**  
**906 Oak Tree Road, Suite E**  
**South Plainfield, NJ 07080**  
**(908) 822-1181**

**Authorization To Release Medical Records**

Name of Patient(s): \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

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

Street or Box Number

\_\_\_\_\_  
City, State, and Zip Code

**Records Requested From:**

\_\_\_\_\_  
Name of Physician or Practice

\_\_\_\_\_  
Street or Box Number

\_\_\_\_\_  
City, State, and Zip Code

I, \_\_\_\_\_, the parent or guardian of the above named child(ren) authorize the Physician or Practice listed above to release copies of all medical records, x-rays, lab work, hospital admission notes and discharge summaries to Subrahmanyam Ganti MD PA

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date