



**capitahealth**

CENTER FOR  
COMPREHENSIVE BREAST CARE

**LISA R. ALLEN, M.D.**  
**ROSE E. MUSTAFA, M.D.**

Capital Health  
Center for Comprehensive Breast Care  
Two Capital Way, Suite 505  
Pennington, NJ 08534

## MEDICAL RECORDS RELEASE

I, \_\_\_\_\_,

authorize the release of my medical records to Capital Health and the  
Center for Comprehensive Breast Care.

Please fax all records, photographs, and films to **609-537-6717**.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_