



**Omega Physical Rehab**  
154 E Front St, Plainfield, NJ 07060-1202  
**Phone:** (908) 548-8684  
**Fax:** (908) 548-8678

## Medical Records Request Form

### Requester Information:

Requesting Entity: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ (Fax Number for Receiving Records from Omega Physical Rehab)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Requested Records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service for Requested Information: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

### Note:

*Please attach the patient's signed consent for the release of this information along with this request.*