

**JOHN M. DALENA, M.D. AND DARREN R. BLUMBERG, M.D., LLC**  
**KELLY A. KRUEGER, M.D.**  
DIPLOMATS AMERICAN BOARD INTERNAL MEDICINE AND GASTROENTEROLOGY

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Cedar Knolls, New Jersey 07927  
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**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

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

Previous Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

I request and authorize \_\_\_\_\_

to release my healthcare information to:

**John M. Dalena, M.D. and Darren R. Blumberg, M.D., LLC**  
**Kelly A. Krueger, M.D.**  
65 Ridgedale Avenue  
Cedar Knolls, NJ 07927

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

\_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_