

WAYNE BEHAVIORAL SERVICE, LLC

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INFORMATION RELEASE FORM

Please Print

Patient Name: _____

D.O.B.: _____

Address: _____

I, _____, hereby authorize Wayne Behavioral Service, LLC, at 401 Hamburg Turnpike, Suite 302, Wayne, New Jersey 07470 to speak with

PRINT NAME AND RELATIONSHIP

regarding my condition and/or to obtain further information regarding my condition.

Address: _____

Telephone Numbers: _____ or _____

Restrictions:

Signature: _____

Date: _____