



**LOW VISION CENTER**  
**of CENTRAL NEW JERSEY**

Re:

DOB:

Please release all medical records and pertinent information for the above named patient.  
The records can be faxed to **732-568-0041**.

Patient/Guardian Signature: \_\_\_\_\_

Regards,

The Low Vision Center of Central New Jersey  
2090 Route 27, Suite 105  
North Brunswick, NJ 08902  
Phone: 732-568-0038  
Fax: 732-568-0041

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**Jonathan Fishbein, OD**  
OA 5536, OM 122600

**Bethany Fishbein, OD**  
OA 5492, OM 122500

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