



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

Jonathan Fishbein, OD
OA 5536, OM 122600

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NOTICE OF PRIVACY PRACTICES FOR Low Vision Center OF CENTRAL NJ