

COMPREHENSIVE WOMEN'S CARE OF PARAMUS

CRAIG B. WIENER, MD FACOG



An affiliate of lifeline Medical Associates, LLC

Date: _____

I _____ am requesting a copy of my most recent

Medical Records _____

Bloodwork _____

Mammography _____

Ultrasound _____

Bone Density _____

MRI results _____

I understand that there is a \$1.00 per page fee for these copies.

Signed: _____

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