

**Wayne Behavioral Service, LLC**

401 Hamburg Turnpike, Suite 302

Wayne, New Jersey 07470

Tel: 973-790-9222 \* Fax 973-790-0671

E-mail - [Frontdesk@wbpspsych.com](mailto:Frontdesk@wbpspsych.com)

Mohamed Elrafei, MD

Igor Geftter, MD

Marina Haghour MD

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Rajesh Patel, MD

Emad Mounir, MD

Maripat Alger-Cottone, APRN BC

Emily Coyle, PMHNP BC

Carrie Prakope, PMHNP BC

Aleen Beversluis, LPC

Dr. Mary Switala, DNP

Natasha Dillon, PMHNP BC

Teresa Omwenga, PMHNP BC

Amanda Moroz, PMHNP BC

Mohamed Alhennawy, PMHNP BC

Jaemma Javanes-Pisani, LPC

Laura Cohen, LCSW

Carol Johnson, LCSW

Megan Eland, LCSW

Dr. Joyce Graham, PhD

Amal Elrafei, LPC

**Information Release/Request**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Wayne Behavioral Service, LLC at 401 Hamburg Turnpike, Suite 302 in Wayne, NJ 07470 to release/request my complete medical records of any reports, notes, evaluations, histories to/from (circle one) :

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Restrictions (if any):  
\_\_\_\_\_

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**Record Release/Request**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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Signature: \_\_\_\_\_

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