

Wayne Behavioral Service, LLC

401 Hamburg Turnpike, Suite 302

Wayne, New Jersey 07470

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

E-mail - Frontdesk@wbpsych.com

Mohamed Elrafei, MD

Igor Gefer, MD

Marina Haghour MD

Anna Kravtsov, DO

Leonid Kapulsky, MD

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

Record 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): _____

Wayne Behavioral Service, LLC

401 Hamburg Turnpike, Suite 302

Wayne, New Jersey 07470

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

E-mail - Frontdesk@wbspsych.com

Mohamed Elrafei, MD

Igor Gefter, MD

Marina Haghour MD

Anna Kravtsov, DO

Leonid Kapulsky, MD

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):
