



**David L. Bortniker, M.D., F.A.C.S**

*Adult & Pediatric Otolaryngology  
Head & Neck Surgery*

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Phone: 908-704-9696 fax: 908-704-0097

Under the HIPPA Privacy Act, I hereby authorize any and all of my pertinent medical information and records to be released to Dr. David L. Bortniker of Ear, Nose, and Throat Care PC facility **ONLY**

We are requesting:

☐ All Medical Records

or

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☐ Please **fax records** to our office facsimile number (908) 704-0097

☐ Please **mail records** to : ENT Care PC  
Attn: Medical Records  
242 East main St, 2<sup>nd</sup> Floor  
Somerville, NJ 08876

Patients Name: \_\_\_\_\_  
PRINT NAME

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

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

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

**RECORDS CAN ONLY BE MAILED OR FAXED TO OUR ADDRESS ABOVE. NO OTHER ADDRESS MAY BE USED OR WRITTEN IN FOR THIS CONSENT TO BE VALID.**