



Bethany Fishbein, OD  
Jonathan Fishbein, OD

125 Paterson Street, 4th Floor  
New Brunswick, NJ 08901  
Phone: 732-568-0038  
Fax: 732-568-0041  
[www.lowvisioncenter.com](http://www.lowvisioncenter.com)

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

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

DOB: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize release of my medical records to the Low Vision Center at Robert Wood Johnson.

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

Please mail or fax the reports to:

Bethany Fishbein, OD  
Jonathan Fishbein, OD  
Low Vision Center at Robert Wood Johnson  
125 Paterson Street, 4<sup>th</sup> Floor  
New Brunswick, NJ 08902  
Phone: 732-568-0038  
Fax: 732-568-0041