

# Endocrinology Associates of Central NJ



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DIPLOMATE  
AMERICAN BOARD OF ENDOCRINOLOGY AND METABOLISM  
AMERICAN BOARD OF INTERNAL MEDICINE

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**Patricia M. Munz, RN, MSN, APN, CDE**  
NURSE PRACTITIONER  
CERTIFIED DIABETES EDUCATOR

## CONSENT TO TREAT

I authorize Endocrinology Associates of Central NJ to examine me/the patient for which I am legally responsible.

## MEDICAL INFORMATION AGREEMENT

1. I authorize release of medical information that may be required to process my insurance claim to the proper insurance company or government agency for payment of medical bills.
2. I authorize release of appropriate medical information to other doctors, hospitals or medical facilities participating in my care.
3. I authorize release of appropriate medical information including test results from other doctors, hospitals or medical facilities to Endocrinology Associates of Central NJ in order to aid in my care/treatment.
4. It is my responsibility to make sure my insurance information is updated as needed. **If my insurance requires an insurance referral to be seen by a specialist, it is my responsibility to make sure that my referral is valid at the time of my office visits.**

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PATIENT/GUARDIAN SIGNATURE

DATE

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