Women for Women

Obstetrics and Gynecology
410 Lakeville Road
New Hyde Park, New York 11042
516-437-4300
516-437-2033 fax

Date:

Patient Name: _____DOB: _____

( ) I hereby request & authorize the release of my medical records to:

Women for Women
Obstetrics and Gynecology
410 Lakeville Road
New Hyde Park, New York 11042

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( ) I prefer you to send my records directly to me. Please forward my records to the following address.

_____

_____

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_____ _____

Signature of Patient **Print Name**