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BOARD CERTIFIED ORTHOPEDIC SPINE SURGEON
AFFILIATED WITH NEW YORK PRESBYTERIAN HOSPITAL

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MEDICAL RECORD'S RELEASE FORM

PATIENT'S INFORMATION

Account#:

Patient Name:

Date Records Sign Out:

Type of Exam Released:

NEW YORK SPINE SPECIALIST complies with New York State and Federal laws & privacy rules (including, but not limited to, the Health Insurance Portability & Accountability Act of 1996).

I the undersigned and requesting copies of my medical records, I'm receiving from New York Spine Specialists at the Lake Success office. By signing this release form will permitted New York Spine Specialists to provide me with my records you are requesting.

Patient Signature:

Print Name: