Harshit M. Patel, M.D.

Diplomat of the American Board of Allergy & Immunology

120 Bethpage Road
Suite 310
Hicksville, NY 11801
(516) 822-6655
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Request of Medical Records

From: _____

_____

_____

Attn: Medical Records

To: Harshit M. Patel MD

120 Bethpage Road, Ste 310

Hicksville, NY 11801

P: 516-822-6655 F: 516-932-2090

I, _____, authorize the release of medical information from the healthcare provider above to Dr. Harshit M. Patel, MD for the purposes of review. This release is authorized for one year from the date of signing and all information will be regarded as confidential.

Please forward the following:

_x_ Complete medical history, diagnosis and treatment records

_x_ X-ray, MRI, CT, US reports

_x_ X-ray, MRI, CT, US copies and reports

_x_ Laboratory findings

_x_ Exam findings and diagnosis

_x_ Treatment notes

_x_ All allergy records and tests

Please include records from _____ to the present. Thank you for your prompt attention in this matter.

_____
Print Patient Name

_____ _____
Patient Signature Provider Signature

_____ _____
Patient D.O.B Date