

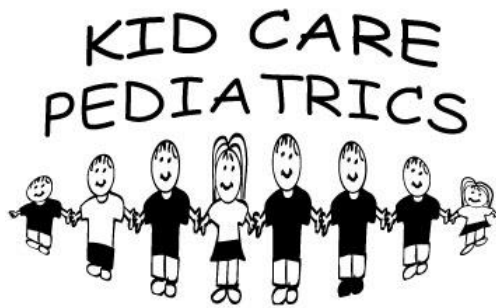
# Authorization for Release of Medical Records

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please release a complete copy of my child's medical records, including Growth Charts, Immunizations, most recent Well Visits/Sick Visits, and Labs (including Lead Levels) if done, to:



**ERIC GOLDSTEIN, MD**  
371 Merrick Road Suite 100  
Rockville Centre, NY 11570  
**516-442-7444**

**Fax: 516-442-7447**

**egoldstein@ansadata.com**

Patient's Complete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please mail/fax these records.

Parent/Guardian Name: \_\_\_\_\_

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