Neil S Goldberg, MD

MEDICAL RECORDS RELEASE

I, ____, date of birth: ____________

herein request of: ____

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to forward a copy or summary of the following medical records:

- ☐ Complete medical record
- ☐ Biopsy reports(s)
- ☐ Laboratory report(s)
- ☐ Consultation reports
- ☐ Surgical procedures

☐ For ALL DATES OF SERVICE.

☐ For dates of service from ___________________ to _________________________.

Please send records to:

Neil S Goldberg, MD	Neil S Goldberg, MD
77 Pondfield Road	222 Westchester Avenue, Suite 203
Bronxville, NY 10708	White Plains, NY 10604
(914) 337-7082 (FAX)	(914) 761-1294 (FAX)

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Patient Signature Date

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Witness Date

February 10,2019