

Sumeet K. Anand MD PC
1111 Montauk Highway Ste 2-2
West Islip, NY 11795

Phone: 631-647-9100

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Medical Record Release Form

Last Name	First Name	Middle Name
Address		Apartment
City	State	Zip Code
Date of Birth	Telephone	Alt Telephone
I hereby grant the following entity/doctor's office permission to release information contained in the medical record of the above named patient (Please print the name of the doctors/specialist who currently possess your medical information).		
Information requested (please be specific)		
Restrictions and/or Exclusions (if any)		
Purpose of Release		
The purpose of this release is to provide my primary care physician with details of my medical history.		
The information described above is to be released directly to my Primary care physician at		
Sumeet K. Anand MD PC 1111 Montauk Hwy Ste 2-2 West Islip NY 11795 Phone: 631-647-9100 Fax: 631-647-9099		
I hereby authorize my doctor/specialist named above to release any medical information as requested above. This may include information about drug/alcohol abuse, psychiatric, social work, or other protected information unless otherwise excluded. I am aware that my medical information will not be released without a valid signature below.		
Signature of patient		Date
Signature of Parent or Guardian		Date