Bernard D. Raxlen MD

7000 Boulevard East
Galaxy Mall – Unit 13

Phone: 212-799-1121
Fax: 516-336-8440

Consent for Release of Information

Patient's Name:_____D.O.B._____

I the above named person, authorize Dr. Bernard D. Raxlen, to receive

My Healthcare Records from:

Name of Physician or Facility: _____

Address:_____

Phone:_____Fax:_____

This request and authorization applies to:

____ Most recent labs, diagnostic and radiological results

____ All health care records

____ Other

Name of or Legal Representative: _____

Signature:_____Date: _____