



THE NEW YORK OTOLARYNGOLOGY GROUP, P.C.
The Ear, Nose and Throat Specialists

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Instructions: Please complete this form and fax it to (212) 686-3292 or mail it to:

NYOG Medical Records
36A East 36th Street Suite 200
New York, NY 10016

Important: If you do not indicate specific instructions for where the records should go the medical records coordinator will mail them to the address we have on file. All records requests take between 3-5 business days to process. If you have any questions or concerns please call (212) 889-8575.

Facility Releasing Records: _____

I _____ hereby authorize release to:
Name and DOB

Facility Receiving Records: _____

Any information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____

Signature & Date

36A East 36th Street
AT THE MORGAN LIBRARY
New York, NY 10016
Tel: 212-889-8575
Fax: 212-686-3292

9 West 67th Street
AT THE HOTEL DES ARTISTES
New York, NY 10023
Tel: 212-501-0500
Fax: 212-724-3489

2205 Hylan Blvd.
Staten Island, NY 10306
Tel: 718-967-6696
Fax: 718-351-2621