

Albany Obstetrics and Gynecology, PC  
319 South Manning Blvd. Suite 201  
Albany, NY 12208

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Paul R. Osterdahl, MD	Helen H Vu, MD
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TO: Dr. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize you to release my  
medical records to:

Albany Obstetrics and Gynecology, PC  
Mercy Care Building Suite 201  
319 S. Manning Blvd.  
Albany NY 12208

This release expires 90 days from the date listed below.

Date of request: \_\_\_\_\_

Patients name: \_\_\_\_\_ Patients DOB: \_\_\_\_\_

Patients Signature: \_\_\_\_\_

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