FH Medical Care

Leading with Innovation

41C West Merrick Rd, Suite 3
Valley Stream, NY 11580
Ph: (516) 599-5600
Fax: (516) 599-5610

Medical Records Release Authorization

☐ I hereby authorize **FH Medical Care** to release a complete copy of my medical records to:

☐ I hereby authorize and request you release a complete copy of medical records to:

Faisal Hamid, MD
FH Medical Care
41C West Merrick Road, Suite 3
Valley Stream, NY 11580
Telephone: (516) 599-5600
Fax: (516) 599-5610

Name of Patient: ____

Address of Patient:____

Patient D.O.B./SSN:____

Patient Signature: ____

Date: _____________

Physcian Name, Office Address, Office Phone and Fax from/ to whom you are requesting/ sending medical records to:

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