

**North Shore Children's Healthcare**

Catherine Screnci, M.D. Argyro Karidis, M.D. Sari Schwartz PNP

Attention to : \_\_\_\_\_

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

Fax/ Phone: \_\_\_\_\_

I hereby authorize and request the release of all medical records and lab information to:

Catherine Screnci, M.D.

3 School Street, Suite 302

Glen Cove, New York 11542

Phone: (516)-759-1234

Fax: (516)-674-9172

For the following patients:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_