Peak Woo, MD, PLLC • 300 Central Park West, 1-H • New York, NY 10024 • (212)580-1004 • (212)580-6101 (fax)

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize the office of Peak Woo MD PLLC to discuss my medical condition with and/or to release of all my pertinent medical records to:

□ Self-Records will be mailed to your home address unless otherwise directed below:

Name of Physician, Facility or other person(s) directly involved in your medical health:

P:		P:		
F:			F:	
	Patient Print Name		Date	
Patient Signature	Patie	nt Print Name		Date

\*\*<u>Confidentiality Statement:</u> If you are not the intended recipient of this fax or email, please discard and notify our office at the telephone number listed above.