



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

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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 36<sup>th</sup> 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.

Date :

Patient Name: \_\_\_\_\_

To: \_\_\_\_\_

I hereby authorize release to: \_\_\_\_\_

\_\_\_\_\_

Any information including the diagnosis and records of any  
Treatment or examination rendered to me during the period  
From \_\_\_\_\_ to \_\_\_\_\_

Signature:

Address:

36A East 36<sup>th</sup> Street Suite 200  
New York, NY 10016  
Tel: 212-889-8575  
Fax: 212-686-3292

9 West 67<sup>th</sup> Street  
New York, NY 10023  
Tel: 212-501-0500  
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2016 Bronxdale Ave.  
Bronx, NY 10462  
Tel: 718-792-1050  
Fax: 718-918-1301

2205 Hylan Blvd.  
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Tel: 718-967-6696  
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