

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: _____