Baher Yanni M.D. Edward Alexeev M.D. Salah Mohamed M.D. Hossam Mohamed M.D
Amanda Morris PA-C Alexa Nappi PA-C

Authorization to Release Healthcare Information

Patient's Name: _____ Date of Birth: _____

S.S. Number: _____ Telephone Number: _____

I request and authorize to release my healthcare information to:

Baher Yanni M.D.
Edward Alexeev M.D.
Salah E Mohamed M.D.
Hossam Mohamed
Amanda Morris PA-C
Alexa Nappi PA-C

FAX records to 609-371-9110

I specifically request the following records authorized for release:

__ Last three operative reports
__ Initial Office Visit
__ Procedure Flow Sheet
__ Medication Flow Sheet
__ Any CT, MRI or X-RAY report
__ Last three office visit reports

OR
__ All my records

Patient Name: _____

Patient Signature: _____

Date: _____