RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of medical information from the medical record of:

Patient Name	
Date of Birth	
Social Security Number	
Daytime Phone Number	
Information Released to:	
Spectrum Internal Medicine PLLC	Phone - (585) 922-5246
Dr. Hayden R. Goltz, D.O.	Fax - (585) 922-5343
1445 Portland Avenue, Suite 302	
Rochester, NY 14621	
Please release the following:	
Problem List	
Recent Progress Notes	
Medication List	
Lab Reports	
EKG Reports/Radiology Reports	
Procedure Notes/Consultant Notes	
Immunization History/Disease Screening (eg. Colonoscopy, mammography)	
Including information (if applicable) pertaining to:	
Mental Health Drugs/AlcoholHIV/AIDSCommunicable Treatment	
All of the above	
Signature of Patient or Legal Representative	
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