

JOHANNA BAEUERLE, M.D.

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To JOHANNA BAEUERLE, M.D.,

I hereby request that my medical records be released to me.

I request (please circle):

Entire Chart

Biopsy Reports

Labs, X-Rays, Etc...

Physicians Office Notes Dates _____

Other _____

Reasons for release: _____

Patients Name (please print) _____

Signature: _____

Date: _____