

Flushing Radiation Oncology

In Reply Refer to:
Re:

We would appreciate your cooperation in forwarding medical records or information to assist our medical staff in the examination and/or treatment of the patient named above.

Final summary or report of hospitalization _____
(Dates)

Brief report of examination or treatment _____
(Dates)

X-ray report(s)

Pathology report(s)

Other (specify)

Please forward the above to Flushing Radiation Oncology Services: FAX #: 718-321-8620

Yours Truly,

Vincent Yeung, M.D.

I authorize you to release the medical information requested above to Flushing Radiation Oncology Services, PLLC.

I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with. Without my express revocation, This consent will automatically expire after the requested information has been supplied to Flushing Radiation Oncology Services.

Signature of patient or authorized representative