

Dr. Susan Gunduz M.D. F.A.A.P.  
Dr. Linda Moerck D.O. F.A.A.P.  
Dr. Esther Sung M.D. F.A.A.P.

351 Larkfield Rd, East Northport, NY 11731  
Phone: (631) 757-5604 Fax: (631) 266-2190

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize \_\_\_\_\_ Fax: \_\_\_\_\_ to  
release healthcare information of the patient named above to:

Dr. Susan Gunduz M.D. F.A.A.P.  
Dr. Linda Moerck D.O. F.A.A.P.  
Dr. Esther Sung M.D. F.A.A.P.

351 Larkfield Rd, East Northport, NY 11731  
Phone: (631) 757-5604 Fax: (631) 266-2190

This request and authorization applies to:

All healthcare information

Parent/Guardian  
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_