

Northport Pediatric & Adolescent Medicine  
205 East Main Street, Suite 2-6,  
Huntington, NY 11743  
Tel (631) 757-5604 Fax (631) 266-2190

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

**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 authorize and request **(previous office name)** \_\_\_\_\_  
at phone number \_\_\_\_\_ and fax number \_\_\_\_\_  
to release healthcare information of the patient(s) named above to:

Northport Pediatric & Adolescent Medicine  
205 East Main Street, Suite 2-6,  
Huntington, NY 11743  
Tel: (631) 757-5604 Fax: (631) 266-2190

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

This request and authorization applies to:

All healthcare information

or

Between the Dates: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_