



LONG ISLAND SPINE SPECIALISTS, P.C.

Thomas J. Dowling, M.D.

Laurence E. Mermelstein, M.D.

Gerard D. D'Ariano, M.D.

Joseph Sanelli, D.O.

Michael Osipoff, PA

Marianne Paul, PA

MEDICAL RECORD RELEASE FORM

I, _____ do hereby authorize _____
to furnish **Long Island Spine Specialists, P.C.**, 2171 Jericho Turnpike, Suite 304, Commack,
New York 11725, a copy of my medical records to include treatment records, reports, x-rays,
MRIs, CT scans and all other diagnostic tests.

PRINT YOUR NAMES:	_____
SIGNATURE:	_____
SOCIAL SECURITY NUMBER:	_____
DATE OF BIRTH:	_____

WITNESS: _____ **DATE:** _____