Matthew S. Cohen, MD, FAAP

272 West Park Avenue
Long Beach, NY 11561
Telephone: (516) 543-5000
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Release of Records Authorization

TO: ____

I hereby authorize you to release the complete history and medical records to:

MATTHEW S. COHEN, MD, FAAP
272 West Park Avenue
Long Beach, NY 11561
Telephone: (516) 543-5000
Fax: (516) 543-4180

PATIENT NAME:____ DOB:_________________

ADDRESS: ____

SIGNATURE: ____ DATE:_________________

WITNESS: ____ DATE:_________________