

ORANGE COUNTY RADIATION ONCOLOGY

UMA B. MISHRA, M.D.
2565 US Route 9W, Cornwall, NY 12518
(845) 534-4700 Fax (845) 534-4800

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

TO: _____

I HEREBY AUTHORIZE YOU TO RELEASE TO:

Orange County Radiation Oncology
Uma B. Mishra, MD
2565 US Route 9W, Cornwall, NY 12518
FAX: (845) 534-4800

ANY INFORMATION INCLUDING THE DIAGNOSIS AND RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME.

We would like to Request the following records:

	Face Sheet / Summary Sheet
	Path Report
	OP Note
	X-Ray Reports - ALL
	Scan Reports - ALL CT / MRI
	Most Recent Blood Work - CBC / SMA18
	Most Recent U/A
	PSA Tests - Most Recent or past 6-12 months
	Consultation Reports - ALL
	Admission History and Physical
	Discharge Summary
	Chemotherapy Flow Sheets
	Progress, Office, Nurse's Notes
	Radiation Records (sim & port films, plans)

We would appreciate your prompt attention to this request as we are a specialists office and treatment often starts within 2-3 days after consultation. Thank you very much.

Witnessed By _____

Signature _____

Print Name _____

Address _____

City, State Zip _____

SSN# _____

D.O.B _____