

MAIN GASTROENTEROLOGY, P.C.
8201 MAIN STREET – SUITE 4
WILLIAMSVILLE, NEW YORK 14221
OFFICE # 716-632-3577
FAX # 716-631-8275

ANTONINO MANNONE, M.D.

RECORDS RELEASE

To: : _____

From: Dr. Antonino Mannone
Main Gastroenterology
8201 Main Street
Williamsville, NY 14221
Phone 716-632-3577 Fax 716-631-8275

Patient name: _____
Date of Birth: _____
Address: _____

I, _____ Herby request my medical records be released
to the above stated entity.

Medical Records being requested: _____

Purpose of request: _____

Duration of request: _____ (If not otherwise specified this
will be effective for only 6 months from signed date).

PATIENT SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____