



Anna Schwartz, M.D. - Amy Leonard, M.D. (Phone: 631-698-0600 – Fax: 631-698-2212)

Patient Name: _____

Dear: _____

(Previous Doctor)

The Above patient(s) is now under our care. Kindly forward a copy of their medical records, including immunization as soon as possible to our office at the below address or fax.

Sincerely,

Amy Leonard, M.D.
Anna Schwartz, MD

I do hereby authorize Dr. _____ to release the medical records of the patient(s) listed above to Dr. Amy Leonard or Dr. Anna Schwartz.

Signature of Guardian: _____

Date: _____

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