

Michael A. Vasquez, M.D., F.A.C.S., R.V.T.

Glenn Buczkowski, RPA-C

Esther Sprehe, ANP

GENERAL AND VASCULAR SURGERY

Date: _____ Date of Birth: _____

RE: RELEASE OF MEDICAL RECORDS

I, _____, am requesting that

Michael A. Vasquez, M.D.

415 Tremont St

N Tonawanda, NY 14120

Please release copies of my medical records to: _____

_____.

Patient name at time of service: _____

Patient address: _____

Patient Signature: _____

Witness Signature: _____