MARY LOUISE LENAHAN, M.D. 6507 TRANSIT ROAD EAST AMHERST, NY14051 716-689-4377

FAX: 716-689-4843

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

RE:	DOB:
	<u>pnsible</u> for the individual named above & authorize y Louise Lenahan, M.D. at 6507 Transit Road, East nittal.
I am requesting this information to be obtained fro Specific information to be released or obtained:	m(NAME OF PERSON FROM WHOM INFORMATION IS REQUESTED)
All medical records to include biopsies, laboratory treatment.	results and any other medical information necessary for
This authorization expires when services are disco	ntinued or at the date I hereby state:(Expiration Date If Desired)
This information is necessary for the purpose of or	agoing medical care and further treatment.
	restrict this authorization at any time provided that I Office. Any revocation shall not apply to the extent that n this authorization.
Signature	Date
Relationship to Patient	
Witness	Data