Barbara Gordon-Cohen, D.O.

Call: 845-543-1393 • Fax: 845-675-5093 Email: drbarbaracohen@hotmail.com

Authorization to Release Records

You are hereby Authorized and requested to furnish to	
reports, abstracts, and summaries earnings, histories and records, bil	cal and drug records (including x-rays, if any), and thereof, accident and/or police reports, employment and ils and statements, and all other information pertaining to originals and to make copies thereof.
DATE	NAME
	ADDRESS