



JANE MARKE, MD

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Release of Medical Information:

I, _____, authorize Dr _____ to release to Jane Marke, MD, copies of all lab reports and tests pertaining to my case.

I also authorize Dr. Marke to share medical information with all of my other medical providers.

Please fax results to her at (212) 228-2340.

Thank you,

_____ signature

_____ printed name

_____ date