

LONG ISLAND FAMILY MEDICAL GROUP  
160 MIDDLE RD SAYVILLE, N.Y. 11782  
765 ROUTE 25A MILLER PLACE, N.Y. 11764  
631 LAKE AVE. ST. JAMES N.Y. 11780

I \_\_\_\_\_ give permission for Long Island Family  
Medical Group to give Medical or Billing information in reference  
to my care to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ABOVE EXPIRES 6 MONTHS FROM ABOVE DATE