

William Spivak, M.D.
Pediatric Gastroenterology & Nutrition
177 East 87th Street
New York, NY 10128

Tel: 212-369-7700
Fax: 212-369-7747

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If you wish to have your chart/child's chart sent by e-mail, please sign below. If the patient is now 18 years or older, the patient must sign the request.

By signing this document below, I am instructing the office of Dr. Spivak to forward a full PDF copy of the chart to me of the patient named below by unsecured e-mail. I certify that I am the patient, custodial parent or legal guardian of the patient named below. I am certifying that I have read and fully agree to all the information on this page.

Patient Name _____
Patients Birth Date _____ Year Last Seen in office _____
Person requesting chart _____ Date of Request _____
Relationship of Requestor to Patient _____
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Signature of person requesting chart _____

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