

Life Steps OB/GYN, Health Care for Women, LLP

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LEE ELLEN MORRONE, M.D.

KAREN KIRSCH, M.D

DATE _____

I _____ authorize Dr. Morrone and/or Dr. Kirsch to speak with the following person/s regarding the following conditions/specifics related to my medical care. This authorization remains in effect until otherwise noted in writing.

Names

Conditions/ Dates of Service

Signature