



Medical Record Release Request

I am requesting that my child/children's medical records be
copied and forwarded to:

Brena M. Desai Pediatrician PC

Brena Desai, MD

157-15 46th Ave

Flushing, NY 11355

Phone: (718) 445-3029

Fax: (718) 445-2889

Names of child(ren):

I am requesting these records in accordance with the HIPPA regulations.

Parent/Guardian Signature _____

Parent/Guardian Name: _____

Date: _____
