



**MORLEDGE**  
— MEDICAL —  
Internal & Travel Medicine

## Records Release

**To Whom It May Concern:**

This letter is to request release of my medical records. Please include all medical notes, laboratory reports, and x-ray results, as well as consultations. I am fully aware that I can be charged for these records. Please send my records to:

**Louis J. Morledge, MD, pLLC**  
**150 East 58th Street, 18th floor**  
**New York, NY 10155**

*Patient Name* \_\_\_\_\_

*Date of Birth* \_\_\_\_/\_\_\_\_/\_\_\_\_/

*SS#* \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

*Date of my next appointment* \_\_\_\_/\_\_\_\_/\_\_\_\_/

*Patient signature* \_\_\_\_\_

**Thank you for your assistance with this request.**

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Sections 17 and 18 of Public Health Law (PHL), Laws of 1991, Chapter 165, sections 48 and 49. The cost can be no more than Seventy-Five cents (\$.75) per page for paper copies and a reasonable charge for diagnostic images, plus postage.