

Middle Country Endocrinology, P.C.

Practice Limited to Endocrinology & Metabolism

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Sherry K. Sussman, MD, FACE, ECNU

DATE: _____

Middle Country Endocrinology may request and use your history from other healthcare providers or hospitals for treatment purposes. This form gives the practice consent to receive this information. You also have the right to receive a copy of this form after you have signed it.

Yes _____

No _____

_____ Print Patient Name

_____ Patient Date of Birth

_____ Signature of Patient or Guardian

_____ Relationship to Patient