

Medical Records Collection: Obstetrician, Pediatrician, Physician and Medical Examiner/Coroner

1st Doctor's Name _____

Doctor's Specialty _____

Office or Hospital Name _____

Office/Hospital Mailing Address _____

Phone Number _____

Check One: I can collect and send them to SUDCRRC
 I would like SUDCRRC to request these records

2nd Doctor's Name _____

Doctor's Specialty _____

Office or Hospital Name _____

Office/Hospital Mailing Address _____

Phone Number _____

Check One: I can collect and send them to SUDCRRC
 I would like SUDCRRC to request these records

SUDCRRC

SUDC Registry and Research Collaborative

Mail Records To:

Laura Crandall
SUDCRRC
NYU Comprehensive Epilepsy Center
223 East 34th Street
Ground Floor
New York, NY 10016

Or Email To:

Laura.crandall@nyumc.org

Medical Records Collection: Obstetrician, Pediatrician, Physician and Medical Examiner/Coroner

3rd Doctor's Name

Doctor's Specialty

Office or Hospital Name

Office/Hospital Mailing
Address

Phone Number

Check One:

I can collect and send them to SUDCRRC

I would like SUDCRRC to request these records

4th Doctor's Name

Doctor's Specialty

Office or Hospital Name

Office/Hospital Mailing
Address

Phone Number

Check One:

I can collect and send them to SUDCRRC

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5th Doctor's Name

Doctor's Specialty

Office or Hospital Name

Office/Hospital Mailing
Address

Phone Number

Check One:

I can collect and send them to SUDCRRC

I would like SUDCRRC to request these records

6th Doctor's Name

Doctor's Specialty

Office or Hospital Name

Office/Hospital Mailing
Address

Phone Number

Check One:

I can collect and send them to SUDCRRC

I would like SUDCRRC to request these records

(Print additional pages of this document as necessary)