



**N.Y. HOTEL URGENT MEDICAL SERVICES**

**Ronald A. Primas, MD, FACP, FACPM  
952 FIFTH AVE., SUITE 1D  
NEW YORK, NY 10075  
212-737-1212**

To Whom It May Concern,

I hereby authorization the COVID-19 Antigen nasal swab testing to be administered and for the release of my results to be shared with my employer:

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Print name of Patient

\_\_\_\_\_  
Signature of Patient or guardian

\_\_\_\_\_  
Date