10635 Santa Monica Blvd Suite 165 Los Angeles, CA 90025
2730 Wilshire Blvd Suite 533 Santa Monica, CA 90403
5359 Balboa Blvd Suite A Encino, CA. 91316
4560 Admiralty Way Suite 300 Marina Del Rey, CA. 90292

Phone: (310) 273-0877
Fax: (310) 273-1189
Email: medicalrecords@rehabspecialistsinc.net

Medical Release Form

Patient: _____ DOB: _____ SSN:_____

Address:_____ City:_____ State:_____

Zip Code:_____ Phone:_____ Email:_____

Information Requested From

Name:_____ Address:_____

City:_____ State:_____ Zip Code:_____

Phone:_____ Fax:_____

Email:_____

Send Information To

Name:_____ Send by: ▢ Mail ▢ Fax ▢ Secure Email

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Email:_____

I,_____(Name), hereby authorize for you to release confidential health information about me, by releasing a copy of my medical record, or a summary or narrative of my protected health information, to the physician/person/facility/entity.

_____ _____
Printed Name Date

_____ _____
Signature Date