

Yonatan Mahller MD PhD

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Obstetrics Gynecology Infertility Minimally Invasive Surgery

MEDICAL RECORDS RELEASE AUTHORIZATION

You have the right to receive a copy of this form. Photocopy/fax copy may be used as original. Note to patient: a fee may apply for this request of records.

Last Name	First Name	Middle Int.	Date of Birth
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Street Address	City	State	Zip
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I authorize:

Physician Name

Physician Address	City	State	Zip
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Phone	Fax
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To release of my medical records to:

Yonatan Mahller, MD, PhD
355 Placentia Ave, Suite 302
Newport Beach, CA 92663
Phone (949) 375-8244 **Fax (949) 398-9812**

This consent is subject to revocation in writing by the undersigned at anytime except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate 3 months from the date of consent without express revocation.

Patient Signature	Parent or Legal Guardian	Date
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Witness	Date
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Consent Termination Date
