8551 West Lake Mead Blvd Suite 281
Las Vegas Nevada 89128
PHONE: (702)750-1230
FAX:(702) 750-2388

MEDICAL RECORDS RELEASE: DATE:

TO: ______________________________
____
____

FAX#:______________________________

PATIENT NAME:______________________________

PATIENT D.O.B:______________________________

PLEASE RELEASE ALL MEDICAL RECORDS INCLUDING IMMUNIZATION RECORD AND LABS TO DR. NAUMAN'S OFFICE.

SIGNATURE:______________________________

PRINT NAME:______________________________

RELATIONSHIP:______________________________

WITNESS:______________________________