

MEDICAL RECORDS RELEASE
Authorization for Disclosure of Protected Health Information

To: Name _____

Address _____

Phone & Fax _____

I hereby authorize and request you to release records to:

Patrick Diesfeld, M.D.
Obstetrics & Gynecology
168 N. Brent St. #407
Ventura, CA 93003
805-648-2717 phone
805-648-2023 fax

Medical records to be released

Print Name

Date of Birth

Address

Phone

Patient Signature

Date