



**Helmuth T. Billy, MD**  
General Surgery  
Laparoscopic Surgery  
Surgical Treatment of Morbid  
Obesity

## MEDICAL RECORD RELEASE

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and request you to release to:

**Helmuth T. Billy, M.D.**  
**Andrew S. Binder, M.D.**  
3200 Telegraph Road  
Ventura, CA 93003

Office phone: (805) 676-9100  
Fax Number: (805) 676-9110

The complete medical records in your possession, concerning my illness and/or treatment during the period from:

\_\_\_\_\_ to \_\_\_\_\_

_____	_____
<b>Print Patients Name</b>	<b>Birth Date</b>
_____	_____
<b>Patients Signature</b>	<b>Date</b>