

Medical Records Release

Date: _____

To:

I hereby authorize you to release to:

Morris Ahdoot, M.D.
15775 Laguna Canyon Rd. #200
Irvine, CA. 92618
Phone (949) 453-1173 Fax (949) 453-1175

any information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____

Print Name

Signature

Witness

Date of Birth