



Harry Neuwirth MD
Patrick M. Bennett MD
Gary D. Grossfeld MD

1000 S. Eliseo Drive
Suite #201
Greenbrae, CA 94904
P: 415-461-4000
F: 415-461-6907

MEDICAL RECORDS RELEASE

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS TO: (NAME & ADDRESS OF RECEIVING MD):

THIS AUTHORIZATION IS VALID FOR THIS INSTANCE OR THE SPECIFIED PERIOD ONLY.

FROM: _____ **TO:** _____

Patient Signature: _____ **Date:** _____

Patient Name (Printed): _____