

FAMILY DOCTORS OF GREEN VALLEY
8475 S. Eastern Ave. Suite 204 Las Vegas, NV 89123
Phone: (702) 616-9471 Fax: (702) 616-9681

Release of Information

Date: _____

Patient Name: _____

Social Security: _____

Date of Birth: _____

For Office Use Only:	
Authorizing Release from:	

Name of Doctor or Facility	

Address	

Authorizing Release to:	

Name of Doctor or Facility	

Address	

_____	_____
Phone Number	Fax Number
Records Requested:	
<input type="checkbox"/> All Medical Records	
<input type="checkbox"/> Radiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Labs <input type="checkbox"/> Doctor Notes <input type="checkbox"/> Other: _____	

Patient Signature

Date