## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

l,	(DOB)	
I,(PATIENT'S NAME)		
hereby authorize and re-	quest that:	
	SoCal Gastroenterology	
	JOE M. CHEN, M.D., F.A.C.G. THAI-VAN X. NGUYEN, M.D. TIMNIT F. TEKESTE, M.D., M.P.H. ALFRED T. REYNO, PA-C	
	10931 CHERRY STREET, SUITE 300 LOS ALAMITOS, CALIFORNIA 90720 (562) 493-1011 • FAX (562) 594-9226	
release to:		
TO:		
ADDRESS:		
CITY:	STATE:ZIP:	
the following information	ı:	
History & Physica Discharge Summ Consultation Rep Progress Notes Operative Report ALL MEDICAL RI OTHER	Laboratory Reports orts Pathology Reports Emergency Room Records GI Endoscopy Records (to include related pathology reports)	
Date(s) of treatment:		
Purpose of release is for	[ ] continuing medical care, [ ] billing, [ ] Other:	
	effect and shall remain in effect for 90 days unless otherwise it. You have a right to receive a copy of this authorization.	
Date	SIGNATURE OF PATIENT, Guardian or Conservator	
WITNESS	PRINT NAME OF PATIENT	

This information contain herein is prohibited for use for other than the stated purpose; disclosure by recipient to any other party is prohibited.

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I,(PATIENT'S NAME		(DOB)
(PATIENT'S NAME	≣)	
hereby authorize a	nd request that:	
TO:		
ADDRESS:		
CITY:		STATE:ZIP:
release to:	SoCal Gas	stroenterology
	THAI-VAN ) TIMNIT F. TEK	EN, M.D., F.A.C.G. K. NGUYEN, M.D. KESTE, M.D., M.P.H. T. REYNO, PA-C
	LOS ALAMITOS	Y STREET, SUITE 300 5, CALIFORNIA 90720 • FAX (562) 594-9226
the following inforn	nation:	
History & Physical Discharge Summary Consultation Reports Progress Notes Operative Reports ALL MEDICAL RECORDS OTHER		Radiology Reports Laboratory Reports Pathology Reports Emergency Room Records Gl Endoscopy Records (to include related pathology reports)
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