

Michelle A. Marine, M.D., Inc.
The Woman's Place for Health
77 Rolling Oaks Dr. #306
Thousand Oaks, California 93010
Tel. (805) 371-8775 Fax (805) 379-3711

Authorization for the Release of Medical Information

Patient's Name: _____ Date of Birth: _____

I, _____, hereby authorize the release of the following information:

Lab Reports _____
Progress Notes _____
All Medical Records _____
Other _____

From:

Name of Office/Facility

Address

City, State & Zip code

Phone #

Fax #

To:

Michelle A. Marine, M.D.
77 Rolliing Oaks Dr. #306
Thousand Oaks, CA 91361
Office (805) 371-8775
Fax (805) 379-3711

Signed: _____

Date: _____

Completed by _____