Corinna Mosher, MD

Diplomate of the American Board of Internal Medicine

415 Rolling Oaks Drive, Suite 280
Thousand Oaks, CA 91361
(805) 825-2365

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, DOB:_____
patient name

authorize Corinna Mosher, MD to release any and all medical records to:

Doctor: _____

Address: _____

City, State, Zip: _____

Phone:_____

Fax:_____

Print patient name or authorized representative:_____

Signature of patient or authorized representative:_____

Date:_____