

**DRS. LAHIRI & MESIBOV, LLC**  
**118 CENTRAL PARK SQUARE**  
**LOS ALAMOS, NM 87544**  
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**MEDICAL RECORDS RELEASE AUTHORIZATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Names (Maiden, etc.): \_\_\_\_\_

Release from: \_\_\_\_\_ Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release copies of the following: (Please initial all applicable areas.)

All medical records                       Abstract of medical records(past 3 yrs.)  
 Immunization Records                   Test Results  
 Other \_\_\_\_\_  
\_\_\_\_\_

For the purpose of: (check one)

Continuing Care                               Personal Copy (fee may apply)  
 Insurance Claim                               Legal Claim  
 Disability Determination                   Endocrine Consultation  
 Other \_\_\_\_\_  
\_\_\_\_\_

This authorization is in effect for the following time period. Upon conclusion of this time period, this authorization is automatically revoked.

Time Period: \_\_\_\_\_ to \_\_\_\_\_

Patient/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_