



RECORDS RELEASE

(AUTORIZACION PARA ENTREGA DE EXPEDIENTE)

To: _____

I hereby authorize and request for you to release to _____ located at _____ the complete medical records in your possession concerning my illness and/or treatment.

Yo autorizo la entrega de mi expediente al _____ localizado en el _____.

Name/Nombre: _____

Signature/Firma: _____

Date of birth/Fecha de Nacimiento: _____

Date/Fecha: _____