CONEJO PAIN SPECIALISTS Medical Group, Inc.

3366 E. THOUSAND OAKS BLVD
SECOND FLOOR
THOUSAND OAKS, CA 91362
TELEPHONE (805) 497-8616
FACSIMILE (805) 496-5585 OR (805)497-7904

RECORDS RELEASE AUTHORIZATION

To:

_____

_____

(doctor, mri facility or hospital)

I, _____, hereby authorize and request you to release to:

(If a minor, parent or guardian's name)

Conejo Pain Specialists Medical Group, Inc.

All records

for:_____DOB:_____

In your possession concerning:

_____

KAMYAR ASSIL, M.D. – LANA LOUIE A. WANIA-GALICIA, M.D.

RICK DELEON, P.A. – CHRISTINE PICKER, BSN, MSN, FNP - ELIZABETH SNODERLY, D.O .

During the period from:

_____to:_____

_____

_____

PATIENTS SIGNATURE **DATE**