Lawrence E Green, M.D., P. A.
Diplomat in Neurology
American Board of Neurology and Psychiatry

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

ALL ENTRIES MUST BE LEGIBLE FOR PROCESSING **PLEASE PRINT**

Patient Name:_____ Date of Birth:_____

Address: _____ Phone: _____

_____

Signing this form authorizes the FORWARDING of requested medical information for continuing care, concerning the above named person:

Records to be released (To):

Full name of Provider: _____

Address: _____

_____

Phone and FAX: _____

I hereby consent to the release of the above information:

_____ Date: _____

Signature of patient or agent

Please sign and mail your request to: Lawrence Green, MD, PA
PBM 342
1213 Jacob Alcott Way
Nampa, ID 83687

Please allow up to 3 weeks for processing