NEURON MEDICAL CORPORATION

PHYSICIANS
Liliana Cohen, M.D.
Paul Dudley, M.D.
Kristin Stiles Green, N.M.D

227 West Janss Road, #135
Thousand Oaks, CA 91360
www.neuronmedical.com
Phone: 805-373-2890
Fax: 805-364-5464
neuronoffice@gmail.com

SERVICES
General Neurology
Botox
Electromyography
Electroencephalography
Naturopathic Medicine

MEDICAL RECORDS AUTHORIZATION RELEASE

DATE: _________________

TO: ____ Fax #____________________________________

Ph. #____________________________________

RE: PATIENT NAME: _______________________________________

DATE OF BIRTH: ___________________/________/___________

I herby authorize and request you to release the following medical records:

Patients Signature: ____

(Specify type of medical documents)

ALL Records: from ________________________to__________________________ ALL**:** _______

H & P: from ________________________to_____________________ ALL**:** ________

Labs: from ________________________to _____________________ALL: _______

MRI & MRA: from __________________________to_______________________ ALL**:** _______

EEG: from _______________________to________________________ ALL**:** _______

Misc.: __________________________________ from _______________to ______________ALL: _______

☐ Liliana Cohen, MD
☐ Paul Dudley, MD
☐ Kristin Stiles Green, NMD

Please fax records to: # 805-364-5464

or email to Neuronoffice@gmail.com