



1439 N. Highland Ave Suite 1093  
 Los Angeles, CA 90028  
 Phone: (213) 785-8767  
 Fax: (323) 978-2320  
 Email: Drbmejia@rdnpro.com

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Name of Patient:	
Address:	
Phone Number:	Email:
Date of Birth:	Other Alias/Names:

Name of Guardian or Legal Representative (if needed):	
Address:	
Phone Number:	Email:

I hereby authorize the following healthcare professional, medical facility, mental health facility, laboratory, paramedical facility, medical examiner, medical records service, prescription history clearinghouse, consumer reporting agency, employer, or family member to release all health information about me to RDNPRO.

Signature:	Date:
------------	-------

Person/Organization to Release Information:		
Street Address:		
City:	State:	Zip Code:
Phone Number:		Fax Number: