Stephen B. Prepas, M.D.
A Medical Corporation
360 San Miguel Drive Suite 407
Newport Beach, Ca 92660
Phone: 949-644-7026 Fax: 949-644-7029

# AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

I request and authorize Stephen Prepas, M.D. To release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax: ( ) _____

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

_____

☐ All healthcare information

☐ Other: _____

_____ _____

Signature of Patient, Parent, Guardian or Personal Representative Date

THIS AUTHORIZATION EXPIRES 1 YEAR AFTER IT IS SIGNED.