

Associated Neurology Medical Group, Inc.

Randall R. Starkey, MD

D. Eric Collins, MD

Authorization to Release Medical Records

I hereby authorize **Associated Neurology Medical Group, Inc.** to release medical records and data pertaining to:

Patient Name

Date of Birth

Street Address, City, Zip Code

Please specify who we are releasing records to:

Name

Phone Number

Street Address, City, Zip Code

Please specify what records should be released:

All Records _____ Records Pertaining To _____

Mail a check for \$35 made out to Eric Collins, MD to address below.

Records will be mailed to the address specified above.

Patient/Guardian Signature _____ Date _____

4523 WALNUT STREET, OAKLAND, CA 94619