EBNS
East Bay Neurosurgery and Spine
A Medical Corporation

2999 Regent Street, Suite 715
Berkeley CA 94705

(510) 841-8700 Office
(510) 495-1440 Fax

Gordon Tang, MD

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name _____

Date of Birth _____

I request and authorize _____ to release healthcare information to:

East Bay Neurosurgery and Spine, Inc
Gordon Tang, M.D.
2999 Regent Street, Suite 715
Office 510-841-8700
Fax 510-495-1440

[ ] All healthcare information

[ ] Healthcare information related to the following treatment, condition, and/or dates:

_____

[ ] Other _____

Patient Signature _____ Date _____

THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE SIGNED