

Authorization for the Release of Medical Records

To: _____

I hereby request that my medical records be forwarded to:

- Michael P. Curley, M.D.
- Jada Ma, M.D.
- Holly Rowe, F.N.P.

25109 Jefferson Ave., Ste. 100
Murrieta, CA 92562
Phone: (951) 698-0440
FAX: (888) 694-7606

Thank you for your assistance.

Patient Name: _____ DOB: _____

SSN: _____ - _____ - _____ Daytime Phone No.: (_____) _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____