



T: 310.289-1518
F: 310.289.1526
office@surgerygroupofla.com

8635 WEST 3rd STREET SUITE 880W LOS ANGELES, CA 90048

JASON COHEN, M.D. ● YOSEF NASSERI, M.D., FACS ● LEO GORDON, M.D., FACS ● JOSHUA D.I. ELLENHORN, M.D., FACS,
ELIZABETH ARENA, M.D. ● REBECCA FREEMAN, M.D. ● ALLEN GHLANDIAN, M.D.

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to release healthcare information of the patient named above to:

The Surgery Group of Los Angeles
8635 W. 3rd St. Ste880W
Los Angeles, CA 90048
PH: 310-289-1518 FAX: 310-289-1526

This request and authorization applies to:

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

All healthcare information

Other: _____

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.