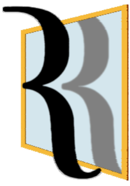

Roee Rubinstein, M.D.
Cosmetic, Plastic, Reconstructive, and Micro Surgery
Hand and Wrist Surgery
Board Certified, Plastic and Reconstructive Surgery
Board Certified, Hand / Upper Extremity Surgery

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, , authorize the release of my personal medical information to:

R Rubinstein MD Inc
FAX 805-379-4494

Information to be Released:

☐ Operative Reports	☐ Emergency Medicine Reports	☐ Discharge Summary
☐ Laboratory Reports	☐ History & Physical Exams	☐ Billing Statements
☐ Pathology Reports	☐ Radiology/Diagnostic Reports	☐ Consultations/Evaluations
☐ EKG ☐ Progress Notes ☐ Drug & Alcohol Abuse Information	☐ Diagnostic Images ☐ X-rays, CT, MRI ☐ Outpatient Clinic Records	☐ Genetic Testing ☐ Psychological/Vocational Test Results ☐ Other

If Other:

SIGNATURE

x ________________________________ Date: Time:

________________________________ ________________________________
Printed Name Phone Number (Include Area Code)

____
(If signed by someone other than the patient, indicate relationship to the patient)

x ________________________________ Date: Time:
Signature of Witness
(Only if patient is unable to sign) or Interpreter