



Temecula Valley OB/GYN

OBSTETRICS~GYNECOLOGY~INFERTILITY

25460 Medical Center Dr, 100

Murrieta, CA 92562

(951)677-4748 fax (951)677-6529

THIRD PARTY RELEASE OF INFORMATION

PATIENT NAME (PRINT)

ACCOUNT NUMBER

I, _____, give Temecula Valley ob/gyn permission to release any and all medical/billing/and personal information including HIV results to the following...

(Example... Spouse, parent, guardian, agency, or insurance)

NAME _____

PHONE _____

NAME _____

PHONE _____

NAME _____

PHONE _____

COMPANY NAME _____

PHONE _____

I may be contacted at _____ with any questions.

Social Security Number

Date of Birth

Patient Signature

Today's Date

Witness Signature

Today's Date

Joseph Glaser, MD Debra Lebo, DO Charles Yang, MD Tammy Hayton, MD
Kendra Jones, MD Elizabeth Locascio, DO