

Thomas Hopkins, PhD, M.D.
Spine Center

AUTHORIZATION FOR USE AND RELEASE OF MEDICAL RECORDS

This authorization allows the healthcare provider or healthcare facility to release all confidential medical information and records:

Thomas Hopkins, PhD, M.D.
Spine Center
16030 Ventura Suite 400
Encino, California, 91436
(818) 981-2288 TEL.
(818) 981-2398 FAX.

A photocopy of facsimile of this authorization shall be considered as effective and valid as the original.

I have been advised of my right to receive a copy of this information.

Signature of patient or legal/Personal Representative

Relationship if other than patient

Patient's Name (PRINT)

Date

Patient's Social Security Number

Patient's Date of Birth