

ERIC D. SASLOW, M.D.
100 UCLA MEDICAL PLAZA • SUITE 214
LOS ANGELES, CALIFORNIA 90095-6997
TELEPHONE (310) 794-1600
FAX (310) 824-0456

BEHAVIORAL NEUROLOGY
CHILD AND ADOLESCENT NEUROLOGY

DIPLOMATE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
WITH SPECIAL QUALIFICATION IN CHILD NEUROLOGY
FELLOW AMERICAN ACADEMY OF PEDIATRICS

AUTHORIZATION TO RELEASE RECORDS

Name of Patient Today's Date

I hereby authorize:

Provider of Service Street Address

City, State, Zip Code

Telephone

to release records to Dr. Eric Saslow at the above address.

This authorization shall become effective _____ and shall terminate 6 months from the effective date if not earlier revoked by the undersigned.

Release or transfer of the disclosed information to any person or entity not specified herein is prohibited by law.

I understand that I have the right to receive a copy of this authorization if I so request.

Signature of Patient/Parent/Guardian/Conservator Date

Street Address Relationship to patient

City, State, Zip Code Telephone

Notes: