TOWER DIGESTIVE HEALTH MEDICAL GROUP
Carey B. Strom, M.D., FASGE
9090 Wilshire Boulevard, Suite 101
Beverly Hills, CA 90211
310-550-0400
310-285-0482 Fax
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MEDICAL RECORD RELEASE AUTHORIZATION

TO:_____
(DOCTOR/OFFICE/HOSPITAL)

_____
(ADDRESS/FAX NUMBER)

I, _____give my authorization to _____
to release all my medical records to the following person:

Carey B. Strom, M.D., FASGE
9090 Wilshire Blvd., Suite 101
Beverly Hills, CA 90211
Or
Fax to office at 310-285-0482

Name of patient_____

Address_____

Birthdate_____

Signature_____

Date_____