Joseph A. Adashek, M.D., FACOG
Paul T. Wilkes, M.D., FACOG
Van R. Bohman, M.D., FACOG
Donald L. Roberts, M.D., FACOG
Sean M. Keeler, M.D., FACOG

RELEASE OF RECORDS

I hereby authorize: Desert Perinatal Associates
5761 S. Fort Apache Road
Las Vegas, Nevada 89148

To release my medical records to:

____

____

____

Information contained in the medical records of:

Patient's Name: ______________________________________

Date of Birth: ____/____/____ SS#: ______________

I understand that I may revoke the authorization at any time except to the extent that action has been taken in reliance on it and that in any event this authorization automatically expires 90 days from the date of my signature or as otherwise specified by date, event or condition as follows.

______________________________________ ______________________

Patient's Signature Date

Comments: ____

____

Southwest Location: 5761 S. Ft. Apache • Las Vegas, Nevada 89148
Summerlin Location: 10105 Banburry Cross, #430 • Las Vegas, Nevada 89144
Green Valley Location: 3001 Horizon Ridge Parkway • Henderson, Nevada 89052
Phone: (702) 341-6610 • Fax: (702) 341-6961 • www.DesertPerinatalAssociates.com