

SkyPark Preferred Family Care
Thomas W. LaGrelus, MD
Nicole Z. Lawrence, MD

23451 Madison St #140
Torrance, Ca 90505
310-378-6208

Authorization for Release of Medical Information

Date: _____

I hereby, authorize the following medical information to be released:

Doctor to Release Records

Name: _____

Address: _____

Phone: _____

Fax: _____

Doctor to Receive Records

Thomas W. LaGrelus, MD
Nicole Z. Lawrence, MD
23451 Madison St #140
Torrance, Ca 90505
310-378-6208
310-378-2564

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Patient Signature: _____