



RAFAEL LEVIN, M.D.

Board Certified Adult & Pediatric Spinal Surgery

NOMAAN ASHRAF, M.D.

Board Certified Adult & Pediatric Spinal Surgery

JONATHAN P. LESTER, M.D

Board Certified Physical Medicine & Rehabilitation

PATIENT AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ **DOB:** _____

I hereby authorize the release any and all of my medical records to Comprehensive Spine Care, P.A. if requested for the purpose of continued care, insurance, legal or personal reasons.

I understand this consent is voluntary and that I may revoke this authorization at any time (except to the extent that action based on this consent has already been taken) by written, dated and signed communication.

Signature: _____

Today's Date: _____

Updated 9.8.15



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