

Andrew S. Cook M.D.
Linda Mavity N.P.
Kirsten Conrad, N.P.
Lene Joy, RNP/Health Coach



15055 Los Gatos Blvd., Suite 250
Los Gatos, CA 95032
Tel (408) 358-2511
Fax (408) 358-1009
www.VitalHealth.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO ANOTHER PARTY

PATIENT INFORMATION (Please Print):

Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

PLEASE RELEASE MEDICAL RECORDS FROM:

Andrew Cook, M.D.
Vital Health Institute
15055 Los Gatos Blvd., Suite 250
Los Gatos, CA 95032
Phone: 408-358-2511 Fax: 408-358-1009

TO:

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

Please send medical records no later than: _____

Please indicate which medical records you would like released to the above party:

Please note that there may be a fee associated with copying and mailing your records.
VHI will contact you for payment before records will be released.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Patient: _____ Date: _____