

Neurology and Sleep Medicine Associates

(480) 967-6888 (phone); (480) 967-6887 (FAX)

Mesa Office
Augusta Ranch Professional Village
2919 South Ellsworth Road, Suite 135
Mesa, Arizona 85212

Tempe Office
Tempe St. Lukes Medical Office
1492 South Mill Avenue, Suite 214
Tempe, Arizona 85281

Consent To Release Medical Information

I, _____, authorize George Wang, MD and/or his staff to release medical information pertaining to myself, such as lab results, medication information/changes, referrals to specialists, future appointments, responses to messages left for the doctor, and copies of medical records and/or medical information.

Name: _____ Relationship: _____

_____ **May leave detailed information on voicemail**

_____ **Do not leave detailed information on voicemail**

Patients Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____