



Rancho Memory Clinic

Rancho Los Amigos National Rehabilitation Center – University of Southern California

Rancho Research Institute

7601 E. Imperial Hwy. Downey, California 90242

AUTHORIZATION FOR RELEASE OF INFORMATION

*** I HEREBY AUTHORIZE:**

Hospital/Organization:		
Physician:		
Address:		
Phone Number:		Fax:

*** TO RELEASE INFORMATION ON:**

Patient's Name:	
Date of Birth:	

*** FOR THE FOLLOWING MEDICAL RECORDS:**

PROGRESS OFFICE NOTES:	
LABS:	
MEDICATION LIST:	
NEUROPSYCH TEST:	
EEG:	
*MRI SCAN - CD DISK & REPORT	
*PET SCAN - CD DISK & REPORT	
*CT SCAN - CD DISK & REPORT	
OTHER:	

** Please note that all scans should be mailed in a CD disk format with its corresponding report.*

*** PLEASE MAIL/FAX TO:**

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Rancho Memory Clinic
Rancho Los Amigos National Rehabilitation Center
7601 E. Imperial Hwy.
Downey, CA 90242

FAX: 562-803-6900
PHONE: 562-385-8130



Signature of Patient or Authorized Representative: _____

Date: _____