Robert E. Scott, Jr. M.D.
American Board of Physical Medicine & Rehabilitation
Subspecialty in Pain Management
American Board of Electrodiagnostic Medicine
9834 Genesee, Suite
223B
La Jolla, CA 92037
P: (858)277-7123
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MEDICAL RECORDS RELEASE REQUEST

I hereby request_____ to provide access to the medical record of:

Patient Name:_____

Date of Birth:_____

Approximate date of last treatment/visit:_____

I request this access as:

- ☐ Patient
- ☐ Parent of minor patient
- ☐ Guardian of minor patient
- ☐ Conservator of patient
- ☐ Attorney-in-fact under durable power of attorney for health care law
- ☐ Beneficiary of personal representative of deceased patient

Type of access requested is:

- ☐ Personal Inspection of the record
- ☐ Copies of the Record, as indicated below:
  - ☐ All medical information without exception
  - ☐ All medical information except _____
  - ☐ Billing information
  - ☐ Xrays

I hereby authorize _____ to furnish the above noted information to:

Dr. Robert Scott
9834 Genesee, Suite 223B
La Jolla, CA 92037
858-277-7123 phone
858-277-3470 fax

_____ _____
Signature Date