Lakshmi Sathya MD

Lakshmi Vatsan, MD
Obstetrics & Gynecology
305 South Drive, Suite 4
Mountain View CA 94040

Medical Records Release Authorization

Patient Name: _____

Date of Birth:_____

Phone Number:_____

I,_____, do hereby authorize the release of the below listed medical records from the following office:

Name of Provider: Lakshmi Vatsan, MD

Address: 305 South Drive Suite 4, Mountain View, CA 94040

Phone Number: 650-666-0033 Fax Number: 650-300-4647

- ✓ All Medical Records
- ✓ Only the Following:_____

Please release this information in a timely manner to **Self**

For the reason of **Personal Records**

Patient Signature: _____Date: _____