



Lakshmi Vatsan, MD
Obstetrics & Gynecology
Kentwood Center
1299 Water Lily Way, Unit 90
San Jose CA 95129

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: 1299 Water Lily Way #90 San Jose, CA 95129

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: _____