



AUTHORIZATION TO RELEASE MEDICAL RECORDS

This is an authorization to please release all or any medical records indicated on this form that is being requested by Dr. John Brouwers, MD

Please fax to (702) 304-2622

- All Records
- Most recent Doctor's notes/dictation
- Most recent laboratory report(s) / pathology
- Most recent Radiology report(s) _____
- Most recent Colonoscopy report(s)
- Most recent Consultation
- Others: _____

Print Name:

Date of Birth:

Signature:

Date:

**Dr. John Brouwers, MD
Las Vegas Fire and Rescue Clinic
333 North Rancho Drive Suite 540
Las Vegas, NV 89106
Phone: 702-229-0638
Fax: 702-304-2622**