

Release of Medical Information

Focused Primary Care in the Comfort of Your Home

Global Network International Synergistic Group, LLC

Phone: 714-248-6615

Patient Name: _____ DOB: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to release

Healthcare information regarding the patient named above to:

Global Network International Synergistic Group, LLC

12950 Evermay Court

Rancho Cucamonga, CA 91739

714-248-6615

This request and authorization apply to:

____ Healthcare information relating to the following treatment, condition, or dates: _____

____ All healthcare information

____ Other: _____

____ I release any records pertaining to drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date: _____

Patient Representative: _____ Date: _____



Medical record