BHWC
BAJA HEATH AND WELLNESS CENTER

info@gersonPlus.com / GersonPlus.com
Toll Free **1-866-535-8886**(USA Tel & Fax)
Int'l Tel: **+1-646-435-2818** / Int'l Fax: **+1-951-493-8124**
USA Mailing Address Only:
PMB# 485 710 E. San Ysidro Blvd. #A San Ysidro, CA 92173
México Tel: +52-664-609-9031

Medical Records Release

To:_____

Doctor or Hospital:

_____

_____

Address:

_____

_____

I hereby authorize and request you to release to: ***Dr. Dan Rogers, M.D., Ph.D., N.M.D.*** the complete medical records in your possession concerning my illness and/or treatment. A photographic copy of this authorization shall be as valid as the original.

_____

(Signature) (Witness)

Name:(Last)_____(First) _____

(Middle)_____

Medical or SSA# _____