



NEUROLOGY
 ADULT & PEDIATRIC EPILEPSY
 GENERAL NEUROLOGY

Malone-Davis Neurology
 7730 W. Cheyenne Ave, Ste 107
 Las Vegas, NV 89129
725.221-1568

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Date: _____

Patient Name: _____ DOB: _____

Social Security number: _____

I, _____, authorize the entity below to release my complete medical records to Malone-Davis Neurology PLLC. Please fax records to (725)333-9218.

HOSPITAL/CLINIC: _____

Phone: _____ FAX: _____

 Patient Signature

 Today's Date

Malone-Davis Neurology is required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.