



**GASTROENTEROLOGY
ASSOCIATES**

3820 S. Hualapai Way #200
Las Vegas, NV 89147
(702) 796-0231
Fax (702)796-5211

Dr. Frank Nemec
Dr. Donald Kwok
Dr. Gregory Kwok
Dr. Brent Burnette

**Medical Records Release Form
Request to obtain records from another Doctor or Hospital**

TO: _____

(DOCTOR OR HOSPITAL)

I HEREBY AUTHORIZE YOU TO RELEASE ANY/ALL MEDICAL RECORDS TO:

GASTROENTEROLOGY ASSOCIATES
3820 S. HUALAPAI WAY #200
LAS VEGAS, NV 89147
(702) 796-0231

PLEASE SEND THE COMPLETE MEDICAL RECORDS CONCERNING MY ILLNESS AND TREATMENT DURING
THE PERIOD OF

FROM: _____ TO: _____

PRINT PATIENTS NAME: _____

SIGNED: _____
(PATIENT OR LEGAL GUARDIAN)

ADDRESS: _____

DOB: _____

SS#: _____

WITNESS: _____

DATE: _____