

**RELEASE OF MEDICAL
INFORMATION**

Child Neurology of SLO
Debra L. Balke, M.D.
Diplomate, American Board of Psychiatry and Neurology
1320 Las Tablas Road, Suite E
Templeton, CA 93465
Office: (805) 434-0960 Fax: (805) 434-0978

To:

Fax:

I hereby authorize and request that a copy of the medical records concerning my illness and/or treatment during the period from: _____ to _____, be released to Dr. Debra L. Balke.

All Records Those Specified Below

Child Neurology of San Luis Obispo
1320 Las Tablas Road, Suite E
Templeton, CA 93465

Office: (805) 434-0960
Fax: (805) 434-0978

Please send copies of my medical records to Child Neurology of SLO at the address indicated above.

Patient's Name:

Patient's DOB:

**Parent/Guardian
Signature:**

**Parent/Guardian
Printed Name:**

**Relationship to
Patient:**

Date: