

LINDA M. WATERS,MD., F.R.C.S.(C), FACS

Plastic and Reconstructive Surgery

723 Emerson St.

Palo Alto, CA 94301

(650) 328-9646 Fax (650) 328-9528

www.lindawatersmd.com

AUTHORIZATION FOR REQUEST OF MEDICAL INFORMATION

To: _____

I hereby authorize you to furnish Dr. Waters with _____ of said patient:

Name: _____

Address: _____

Birthdate: _____

Approximate dates of care _____

Thank you for furnishing this information as requested.

Patient, parent, or guardian signature

Date