

**Elyse Rubenstein, M.D., F.A.C.R.**

**A Professional Corporation**

*Diplomate American Boards Internal Medicine and Rheumatology*

1328 16<sup>th</sup> Street • Santa Monica, California 90404

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**Release of Medical Records Authorization**

Date \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above named patient is currently under my care. The purpose of the release is for continuity of care. Please forward pertinent medical records including laboratory and x-ray reports to:

Elyse Rubenstein, M.D., F.A.C.R.

1328 16<sup>th</sup> Street

Santa Monica, CA 90404

Or

Fax: (310) 395-3218

Thank you,

Elyse Rubenstein, M.D., F.A.C.R.

\_\_\_\_\_  
Patient Signature of Authorization

\_\_\_\_\_  
Patient Name