

Advance Laser & Cosmetics
Tim Roham D.O
629 Camino De Los Mares #103,
San Clemente, CA, 92673
Office phone: (949) 248-1900
FAX: (949) 248-1956

MEDICAL RECORDS RELEASE

To _____
Doctor or Hospital or Insurance

Address: Phone/ Fax _____

I hereby authorize and request you to release my medical records

Patient Name _____ to

Dr. Tim Roham
629 Camino de Los Mares # 103
San Clemente, CA. 92673

The complete medical records in your possession, concerning my illness and/ or treatment during
the period from _____ to _____

Or specifically _____

Signed _____
(Patient or nearest relative)

Witness _____

Relationship _____