# AUTHORIZATION TO RELEASE RECORD

**Telephone: 951-808-8863** **Fax: 951-808-0550** **www.pathcarefna.com**

1810 Fullerton Avenue, Suite 102
Corona, CA 92881

41900 Winchester Road, Suite 100
Temecula, CA 92590

17451 Bastanchury Road, Suite 104C
Yorba Linda, CA 92886

My permission is granted to Dr. Mai Gu of PathCare Diagnostics Inc, to release complete information concerning subsequent medical findings and diagnosis relating to the fine needle aspiration biopsy and/or core biopsy performed at this clinic on this date of _____

TO: _____

_____

_____

_____

Patient Name (Please print) DOB

Patient Signature Date