PathCare DIAGNOSTICS INC.

AUTHORIZATION TO RELEASE RECORD

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

1810 Fullerton Avenue, Suite 102
Corona, CA 92881

41667 Ivy Street, Suite G
Murrieta, CA 92562

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 _____

NOTE: The report of your today's biopsy will be automatically faxed to your referring physician. However, if you would like us to fax the report to your other physician(s), please list them here.

TO: _____

_____

_____

_____

Patient Name (Please print) DOB

Patient Signature Date