

CARSON-TAHOE RADIATION ONCOLOGY ASSOCIATES

Gary E. Campbell, M.D. Beth L. Hummer, M.D.
Diplomates, American Board of Radiology
Sandra L. Shirley, PA-C

I, _____, authorize the release of my medical records (including face sheet, insurance information, pathology, operative reports, history and physical, x-ray reports, labs, and doctors' follow-up notes) to Carson Tahoe Radiation Oncology Associates.

I also authorize the release of my medical records from Carson Tahoe Radiation Oncology Associates to doctors that I may be referred to.

PATIENT _____

Guardian's Signature _____

Date _____

Date of Birth of Patient _____

Revised 1/2015