

**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