

Michael K. Laidlaw, M.D.
Endocrinology, Diabetes, and Metabolism
5180 Grove St.
Rocklin, CA 95677
(916) 315-9100
(916) 315-0141 Fax

Private Health Information Release Authorization

To: _____

I Hereby Authorize and Request You To Release To:

Michael K. Laidlaw, M.D
4770 Rocklin Road, Suite # 1
Rocklin, Ca 95677

The Complete Private Health Information in Your Possession Concerning My Illness
And/Or Treatment During Period From _____ To _____

A Photocopy of This Authorization Shall Be Valid as The Original.

Name: _____

Address: _____

SS #: _____

Signature: _____

Date: _____

Witness: _____