



Release of Medical Records from Eric Mowatt-Larssen MD

Patient Name: _____

Birthdate: _____

Signature: _____

Date: _____

Phone Number: _____

Eric Mowatt-Larssen MD is hereby authorized to release medical records to:

Physician: _____

Phone Number: _____

Fax Number: _____

Vein Specialists of Monterey & Salinas
243 El Dorado Street Suite 200, Monterey CA 93940
1260 S. Main Street Suite 202, Salinas CA 93901
phone: 831-646-8346 fax: 831-646-5261