



# Millennium TBI Network

Rebuilding Hope one day at a time

## Request to Share/Release Medical Records

I \_\_\_\_\_, hereby authorize the office of Dr. Mark L. Gordon, (aka, Millennium Health Group, Millennium-TBI Program, Millennium Health Centers, Inc, Millennium-Warrior Angels Foundation), his employees, representative or designated representative, to provide all the necessary medical records with the **HealthCare Provider (HCP)** indicated below. I may at anytime revoke this permission to release my records by sending a request by email or mail.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

Put the name and information of the doctor you are being referred to.

HCP Name	
Address	
State	
City/Zip	
Phone	
Email	

Comments or additional directions.

For office use only

Received		Sent		