

NORMAN B. LIVERMORE III, M.D., F.A.C.S., Q.M.E.

SPINAL DISORDERS
JOINT REPLACEMENT
SPORTS MEDICINE
PEDIATRIC ORTHOPAEDICS
QUALIFIED MEDICAL EXAMINER

120 LA CASA VIA, SUITE 206
WALNUT CREEK, CA 94598-3007
(925) 933-4443
FAX (925) 939-6995

Authorization for Release of Medical Information

By this written authorization I permit _____ to release information regarding my:

() Medical Information Record

() Billing Record

() MRI/X-Ray Images on CD

() Other _____

Patients Name: _____ Date of Birth _____

Address:

_____ Telephone Number: _____

Please send the above information to:

NORMAN B. LIVERMORE, M.D.

120 LA CASA VIA SUITE 206

WALNUT CREEK, CA 94598

FAX: (925) 939-6995

Patients Signature: _____ Date: _____