



**AUTHORIZATION FOR RELEASE OF X-RAY
AND/OR MEDICAL RECORDS**

Dear Custodian of Records,

Please fax/mail the requested records to our office.

Jeffrey A. Kantor, M.D.
Attn: Medical Records Dept.
23206 Lyons Ave, Suite 110
Santa Clarita, CA 91321
Phone: 661-259-2110
Fax: 661-259-2299

PATIENT NAME: _____

PT. SIGNATURE: _____ Date: _____

DATE OF BIRTH: _____

RECORDS REQUESTED: _____

Medical Facility

Physicians name _____

Address _____ State _____ Zip Code _____

Business Phone number _____ Business Fax number _____

Office Representative / Physicians Signature _____