

Fardad Mobin M.D.

Neurological Surgeon
Surgery for Brain & Spine

AUTHORIZATION FOR USE AND RELEASE OF MEDICAL RECORDS

This authorization allows the healthcare provider or healthcare facility to release all confidential medical information and records:

Fardad Mobin, M.D.
D.I.S.C.
13160 Mindanao Way, Suite #300
Marina del Rey, CA 90292
(310) 829-5888 TEL.
(310) 943-2636 FAX.

A photocopy of facsimile of this authorization shall be considered as effective and valid as the original.

I have been advised of my right to receive a copy of this information.

Signature of patient or legal/Personal Representative

Relationship if other than patient

Patient's Name (PRINT)

Date

Patient's Social Security Number

Patient's Date of Birth

- ❖ **D.I.S.C** 13160 Mindanao Way, Suite #300, Marina del Rey, CA 90292
- ❖ **Beverly Hills Office:** 8750 Wilshire Blvd, Suite #350, Beverly Hills, CA 90211
Tel (310) 829-5888 Fax (310) 943-2636