



John E. Gross, M.D.



Plastic & Reconstructive Surgery

MEDICAL RECORDS RELEASE

Date _____

I hereby request and authorize:

John E. Gross, M.D., F.A.C.S.
1808 Verdugo Boulevard
Suite 116
Glendale, CA 91208
(818) 790-2280

To release all medical records in possession concerning my illness and/or treatment to:

Signature _____

Printed name _____

Date of birth _____

Address _____

City/state/zip _____