JORDI X. KELLOGG, M.D., P.C.

PHYSICIAN AND SURGEON

Specializing in Micro-neurosurgical and Endovascular Techniques
In the Treatment of Brain and Spinal Disorders

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Authorization to Release Information to Non-Healthcare Professionals

(ex. Attorney, Spouse, Dependents, Friends)

Patient Name: _____ **Date of Birth:** _____

I hereby authorize the release of the following information

_____ Financial Only

_____ Medical Only

_____ All Information

TO:

_____ _____
Print Individuals Name Relationship to Patient

_____ _____
Print Individuals Name Relationship to Patient

_____ _____
Print Individuals Name Relationship to Patient

☐ **Check this box if you do not want any medical or financial information released to family or friends.**

Please sign and date below:

_____ _____
Patients Signature Date

9 am – 5 pm 503-256-1462 After 5 pm 503-294-1525 Fax: 503-257-9523
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