



TRIKA MEDICAL INC.

BREATHE RIGHT. SLEEP THROUGH THE NIGHT

Dr. Anurag Sahai, MD, FCCP, FAASM

18095 HWY 18, STE B, Apple Valley Ca 92307, United States

Tele: 760-242-2333

Fax: 760-242-2337

Authorization To Release Health Information

Patient Name: _____ Date of Birth: _____

Telephone: _____ SSN: _____

Other names patient has used:

Please Fax records or mail them to: Trika Medical, Anurag Sahai M.D.

Tele: 760-242-2333 Fax: 760-242-2337

I do do not authorize the information requested to be faxed.

I understand that if request copies of my records for for a member of my family a review of this info with my physician or other healthcare providers is encouraged. I understand that if the physician does not feel it is in my best rest, may designate another healthcare provider to receive these records. I accept responsibility for these copies and information contained herein

The physician and employees are released from responsibility of liability for disclosure of the above information to the extent indicated and authorized her understand that this authorization may be revoked in writing at this time, except to the extent that action has been taken in reliance on this authorization for the purpose stated above.

Signature _____ Date: _____

Relationship to patient: _____

Please fax:

