



2001 Winward Way Suite100
San Mateo, CA 94404
<https://berke-prosthetics.com>
☎ (650) 570-5861
Fax: (650) 365-5896
✉ info@berkeprosthetics.com

Gary M. Berke MS, CP

Patient Authorization for Release of Medical Record

I am requesting that Gary M. Berke MS, CP release a copy of my medical record and please mail it to the following address:

Date

Please be sure to date your signature.

Patient or Personal Representative Signature

If Personal Representative's signature appears above,
please describe Personal Representative's relationship to patient: