

NEWPORT BREAST CARE
Andrea Stebel, MD

320 SUPERIOR AVE. STE 280
NEWPORT BEACH, CA 92663

PHONE (949) 877-9518

CONSENT TO RELEASE INFORMATION

I, _____, give the physicians and office staff
of Dr. Andrea Stebel, permission to discuss my medical condition,

With: _____

Who is: _____ phone# _____

And/or: _____

Who is: _____ phone# _____

And/or: _____

Who is: _____ phone# _____

And/or: _____

Who is: _____ phone# _____

At times, it may be necessary to leave messages on answering machines or voice mail.

I give permission to Dr. Stebel or her staff to leave messages _____

I do not give permission to leave messages _____

THIS IS AN INDEFINITE CONSENT FORM UNLESS OTHERWISE SPECIFIED

Patient name

Date