

Pelvic Health and Rehabilitation Center
2000 Van Ness Avenue, Suite 603
San Francisco, CA 94109
Phone (415) 440-7600
Fax (415) 440-6803

Date: _____

I hereby authorize the Pelvic Health and Rehabilitation Center

Located at 2000 Van Ness Avenue, Suite 603, San Francisco, CA 94109

To release copies of my medical records to (please provide name and address/fax number):

Signature: _____

Print Name: _____