



A Professional Medical Corporation

Release of Information

Patient Name: _____

Date of Birth: _____

Social Security #: _____

Dates of Treatment: _____

I authorize the release of patient information to:

Craig T. Nakamura, M.D.

Ryan Yoshikawa, APRN

Children's Lung Specialists, Ltd.

3820 Meadows Lane

Las Vegas, NV 89107-3113

(702) 598-4411

(702) 598-1988 Fax

Patient/Parent/Guardian Print name

Patient/Parent/Guardian Signature

Date