

*Infectious Disease Partners of Nevada*

**3483 S EASTERN AVE, LAS VEGAS, NV 89169  
2931 N TENAYA WAY, SUITE 206, LAS VEGAS, NV 89128  
702.309.2311 PHONE  
702.309.2177 FAX**

I \_\_\_\_\_ GIVE MY AUTHORIZATION FOR THE  
DOCTOR/FACILITY LISTED BELOW TO RELEASE MY MEDICAL RECORDS TO  
INFECTIOUS DISEASE PARTNERS OF NEVADA.

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DOCTOR OR FACILITY NAME

PHONE/FAX NUMBER

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PATIENTS NAME

DOB

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PATIENT'S SIGNATURE

DATE