



**Yalamanchili
Brain & Spine**

Ravi Yalamanchili, M.D.
Neurological Surgery

www.yalamd.com

Tel (301) 846-0100
1 (866) 833-5195
Fax (301) 846-0244

Specializing in: Intracranial Surgery • Microendoscopic Discectomy • Endoscopic Surgery • Spinal Instrumentation
Minimally Invasive Surgery • Stereotactic Surgery • Cyberknife

**AUTHORIZATION FOR RELEASE WORK NOTES, LETTERS AND OR
FORMS TO BE FAXED**

I, the undersigned, hereby authorize _____ to

FAX notes, letters or forms to my work as they require.

Date of Birth: _____

To Employer: _____

Contact Name: _____

Fax #: _____

This authorization shall expire without my express revocation, _____

(days or months) from the date written below. I understand that I have the right to

withdraw this authorization at any time, except to the extent that action has been taken

based on this authorization.

Signature of Patient or Guardian

Date

Printed name and relationship of guardian

Witness