

NEUROLOGY ASSOCIATES OF MESILLA VALLEY, PC.

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Javed Iqbal, M.D.

*Board Certified in Neurology
Board Certified in Electro-Diagnostic Medicine
Certified in Neuro-Imaging*

Kerry Atkinson, DNP

Board Certified Nurse Practitioner

Patient Information

Name: _____

Date of Birth: _____

Phone: (____) _____

Social Security Number: _____

I Authorize Javed Iqbal, MD / Kerry Atkinson, DNP
Neurology Associates of Mesilla Valley, PC
3855 Foothills Rd. Las Cruces NM 88011
(575) 532-8561, FAX (575) 532-8567

Date From _____ To _____

Other: _____

Release Information **TO:**

Obtain Information **FROM:**

Facility Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

I understand that this release includes all information in my medical records. These records may contain information concerning emotional or mental conditions, drug abuse or alcoholism, HIV (AIDS) testing or results, or sexually transmitted diseases.

Patient Signature

Date

This is a standard release form and does not imply that any of the items mentioned above are necessarily present in your medical records.