



**HIGH MOUNTAIN HEALTH, P.A.  
Medical Release**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to release to:

**HIGH MOUNTAIN HEALTH, P.A.**

David V. Rasa, MD  
George Guariglia, DO  
Louis Perdomo, DO  
Denis Orland, DO  
Richard Morski, MD  
Helder Rebelo, PA  
Magdalena Kowalski, APN

Peter Carrazzone, MD  
Antionette Deingeniis-Depasquale, DO  
Robert Dela Gente, DO  
Gary Pepe, DO  
Rhonda White, PA  
Julie Becker, PA  
Christina Bottiglierie, PA

Any information including the diagnosis and records of any treatment and/or examination rendered to the above stated patient (s) while under your medical care. Also release all pertinent medical records that you may have acquired from the patient's previous physician(s) and/or medical care/treatment/diagnostic centers, if applicable.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Patient's home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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