Jon M. Grazer, MD, MPH, Inc.
400 Newport Center Drive, Suite 302, Newport Beach, CA 92660
949-644-1240

Authorization for Disclosure of Information

I authorize Jon M. Grazer M.D. to disclose complete information concerning his medical findings, treatment and any photographs of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who, in Jon M. Grazer's sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance, peer review and credentialing by the American Board of Plastic Surgery.

_____ _____
Patient Signature Date

_____ _____
Witness Date