



**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, MD  
Denis Orland, DO  
Richard Morski, MD  
Helder Rebelo, PA  
Magdalena Kowalski, APN  
Emerlinda Imperio, APN  
Chandra Mangra, MD

Peter Carrazzone, MD  
Antionette DeIngeniis, DO  
Robert Dela Gente, DO  
Gary Pepe, MD  
Ronda White, PA  
Julie Becker, PA  
Christina Bottiglierie, PA  
Heather Miller, 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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