

# NEUROSCIENCE AND REHAB ASSOCIATES

Manhattan Medical Center  
1133 College Avenue BLDG B, STE 224  
Manhattan, KS 66502  
Telephone (785) 537-9349 · Fax (785) 537-9486

## NANDA N. KUMAR, M.D.

Diplomate  
American Board of Neurology and Psychiatry  
American Board of Clinical Neurology  
American Board of Sleep Medicine

I, \_\_\_\_\_, born on \_\_\_\_\_

Do hereby authorize the following organization/institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and any of its agents to furnish medical information concerning my medical condition, to include injuries, disabilities, and physical condition. This shall include all medical records and x-rays/scans in your possession over the period:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

The above named organization and any of its agents is directed and authorized to furnish complete medical records; past, present, and future involving treatments, diagnosis, prescriptions, prognosis, and any other such information for the purpose to be in the best interest of my medical care.

Further, the above named organization, and any of its agents are directed to and authorized to permit any agent of:

**Neuroscience and Rehabilitation**  
**1133 College Ave B-224**  
**Manhattan, KS 66502**  
**Fax (785) 537-9486**

To view, copy, or obtain photocopies or any other such reproductions of any medical records or information in the possession of the above named organization, covering the above stated time period. A photocopy of this document shall be considered as valid as the original.

\_\_\_\_\_  
(Signature of Patient or Guardian)

\_\_\_\_\_  
(Date of Authorization)

\_\_\_\_\_  
(Witness)

This authorization is valid for a period not to exceed ninety (90) days from the date of this authorization.

The confidentiality of these medical records is protected by federal and other law. These copies are intended exclusively for the requested purpose and cannot be recopied or redistributed for other purposes without the written informed consent of the person to whom it pertains.