



2900 Bristol Street- Suite C-101, Costa Mesa, CA 92626
Phone 949-478-0657 Fax 714-486-3753

Request for Medical Records

Patient Information

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

I hereby authorize the release of the following patient medical records:

_____ All Medical Records

_____ Medical Records from _____ to _____

_____ Other: _____

Medical Records to be released from:

Doctor: _____

Address: _____

Phone Number: _____

Fax Number: _____

Medical Records to be released to:

Yvette Somoano-Villa, D.O.

2900 Bristol Street, Suite C-101

Costa Mesa, CA 92626

Phone 949-478-0657

Fax 714-486-3753

My signature below states that I authorize my medical information to be released as indicated above.

Print Patient's Name

Patient's Signature

Date