Brandie Metz, M.D.
3500 Barranca Parkway, Suite 160 / Irvine, CA 92606 / P: 949-336-6569 / Fax: 949-336 6570

REQUEST FOR RELEASE OF MEDICAL RECORDS

TO: _____

_____

_____

I hereby authorize you to release medical records of:

_____
(Patient Name)

_____
(Date of Birth)

Please fax medical records to:
949-336-6570

Or mail to:
3500 Barranca Parkway, Suite 160
Irvine, CA 92606

Information Needed:

- _____ **All Records**
- _____ **Outpatient Progress Notes**
- _____ **Hospital Stay**
- _____ **Hospital Discharge Summary**
- _____ **Laboratory**
- _____ **Operative Report**
- _____ **Pathology Report**

_____ _____
Signature of Patient/Parent **Date**