Shahla Heshmati, M.D. Inc.
Pediatric & Adolescent Medicine
15785 Laguna Canyon Rd, Suite 250
Irvine, CA 92618-3179
Office: 949-726-1100
Fax: 949-726-0774

Providing personal care to your children

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(From another doctor to our office)

PATIENT'S NAME: First _____ M.I. ___ Last _____

Sex ☐M ☐F Date of Birth: _____

I am the legal parent/guardian of the above-named patient, and I hereby authorize

_____

Provider or Health Service

Address: _____

City _____ State ____ Zip _____

Phone #: _____ Fax #: _____

to provide medical records of the above-named patient to Shahla Heshmati, M.D., Inc.

PARENT/GUARDIAN (*please print*) _____

SIGNATURE _____ DATE_____