

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 our office to another doctor)

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 request the release of all the above-named patient's medical records to:

Provider or Health Service

Address: _____

City _____ State ____ Zip _____

Phone #: _____ Fax #: _____

PARENT/GUARDIAN (*please print*) _____

SIGNATURE _____ DATE _____