



**Pediatric Orthopaedic Specialists of Orange county**

A Medical Group, Inc.

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- Kelly Davis, M.D.
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- Francois Lalonde, M.D.
- John Schlechter, D.O.

**MEDICAL RECORDS RELEASE FORM**

Due to HIPPA regulations, it is a requirement to fill out a medical records release form in order to obtain any medical records from our facility. Please fill out the information. Thank you.

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Are these records being requested?

For yourself \_\_\_\_\_ \*To send to another physician \_\_\_\_\_

Physican's Name (requesting records) \_\_\_\_\_

Physican's Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Types of records being requested (dictated reports, x-rays, lab results, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient, Parent, or Legal Guardian

1310 W. Stewart Drive Suite 508 Orange, CA 92868 Phone: (714) 633-2111 Fax: (844) 387-7625  
25982 Pala Drive Suite 230 Mission Viejo, CA 92691 Phone: (949) 600-8800 Fax: (844)374-4221  
4980 Barranca Parkway Suite 220 Irvine, CA 92604