

Release for Medical Records

The Center For Optimal Health, Inc.

Endocrinology and Metabolism
3500 Barranca Parkway, Suite 305
Irvine, CA 92606

Phone: 949-872-2850 Fax: 949-872-2855

Patient: _____ DOB: _____

I, _____, hereby consent to release my
medical records from:

Name of Physician / Facility / Hospital /Clinic

Street Address

City, State, Zip

Office Phone

Office Fax

To the office of:

The Center For Optimal Health, Inc.
Jannet Huang, MD, FRCPC, FACE
Board Certified Endocrinology and Metabolism
3500 Barranca Parkway, Suite 305
Irvine, Ca 92606
Office: (949) 872-2850 Fax: (949) 872-2855

Please include the following:

- All Records
- Progress notes: _____
- Laboratory Results / Reports: _____
- Radiology Reports : _____
- Other: _____

Please forward these records: At your earliest convenience ASAP

Thank you.

There may be a service charge for the copying of records.

Patient Signature: _____ Date: _____

If person other than patient is signing, please complete the following:

Print First and Last Name

Relationship to Patient