

Natural Image OC • 25500 Rancho Niguel Road, Suite 280/290 Laguna Niguel, CA 92677 Phone: 949-448-049 • Fax: 949-448-8077

Medical Records Release / Request

Patient's Full Name (Please PRINT)	
Patient's Date of Birth (MM/DD/YYYY)	
Patient's Current Address	
Patient's Phone Number	

*I hereby authorize: **NATURAL IMAGE OC – Dr. Lenore Sikorksi**
to release my medical records to:*

Receiving Party's Name (Self/Doctor/Facility/other)	
Receiving Party's Phone Number	
Receiving Party's Address	
Receiving Party's Fax Number	

Medical Records Request

Requesting From Name (Doctors Office/Facility)	
Requesting From Phone Number	
Requesting From Address	
Requesting From Fax Number	

Please include (please check all that apply):

- ☐ Office visit notes and physical exam information
☐ Laboratory and pathology reports/records ☐ Billing records - specify dates:
☐ Other: _____

Records are to be released to:

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Signature of Patient/Guardian

If patient is a minor, PRINT name of Guardian

Date

Relationship of Guardian to Patient