

# Medical Release Form

To: \_\_\_\_\_

(Physician/ Medical Group)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PH: \_\_\_\_\_ FAX: \_\_\_\_\_

**PLEASE RELEASE RECORDS AS FOLLOWS:**

**Last 2 years - chart notes, labs, x-rays and special tests  
& most recent Colonoscopy, Mammogram & PAP**

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Other: \_\_\_\_\_

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**TO: Pacific Family Medicine**

**Catou Greenberg MD**

**Karen Kim DO**

**Carol Shi MD**

**Stephanie Stone PA-C**

**Lisa Poultney PA-C**

**1441 Avocado Ave Ste 503**

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**Ph: (949) 718-9020**

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Patient's Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship To Patient: \_\_\_\_\_