

In an effort to reduce contact we are asking you send records to us via email. You can email all records to ROIRequests@4securemail.com. Thank you

Medical Release Form

To: _____
(Physician/ Medical Group)

Address: _____

City: _____ State: _____ Zip: _____

PH: _____ FAX: _____

PLEASE RELEASE RECORDS AS FOLLOWS:

Last 5 years - chart notes, consult notes, labs, x-rays and special tests
& **most recent Colonoscopy, Mammogram, PAP & Immunizations**

Other: _____

TO: Pacific Family Medicine

Catou Greenberg MD
Karen Kim DO
Carol Shi MD

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EMAIL RECORDS TO ROIREQUESTS@4SECUREMAIL.COM

Patient's Name: _____ Date Of Birth _____ / _____ / _____

Signature: _____ Date: _____ / _____ / _____

Relationship To Patient: _____