

To increase safety and to reduce contact, we are asking you to request electronic copies of your records or send records to us via email. You can email all incoming records to ROIRequests@4securemail.com. Thank you.

Pediatric and Adolescent Medicine Request for Release of Medical Information
Drs. Alyse Baron, Bette Carlson, Peri Gunay, Alison Mann, Kristin Pelinka, and Jeffery Taylor 1190 Baker Street, Suite #103
Costa Mesa, CA 92626
PHONE: 714.668.2525

Release From _____ To _____

Release To _____ From _____

New/Old PHYSICIAN'S Name

Address 1

City State ZIP

Phone:

FAX:

Pediatric and Adolescent Medicine

1190 Baker Street, Suite #103

Costa Mesa, CA 92626

949.999.8106 FAX or

ROIRequests@4securemail.com

___ Dr. Alyse Baron

___ Dr. Bette Carlson

___ Dr. Peri Gunay

___ Dr. Alison Mann

___ Dr. Kristin Pelinka

___ Dr. Jeffrey Taylor

Please release medical records on the following patient(s): Including but not limited to immunizations, office notes, growth charts, consult letters, labs, and procedure results.

Child's Name Date of Birth _____

Signature: (Parent or Legal Guardian if patient is under age 18) Date: _____

This authorization expires: _____

Date:

Reason for Request: _____ Change in Insurance

_____ Moving

_____ Changing physicians/continuum of care (circle one)

For existing patients, do you have any feedback you'd like to share with our office before you leave?

Please NOTE: We do not charge a fee for one-time transfer of medical records to a physician, or for a parent's request for 1-2 pages from the chart. **\$30 flat rate charge for records produced as a multi-page PDF on a CDR, or for a full set of records requested because of outdated technology. A small number of copies can be requested at an additional rate of 0.25 per page. All requests will be processed by Integrated Business Solutions and payment to be made payable to them.**