

# COASTAL★KIDS

## Authorization for Release of Medical Records

Attention: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please release a complete copy of my child's medical records to:

### Coastal Kids, A Professional Medical Corporation

1401 Avocado Ave., Ste. 709  
Newport Beach, CA 92660  
(949) 759-1720  
Fax: (949) 759-1442

25500 Rancho Niguel Rd., Ste. 110  
Laguna Niguel, CA 92677  
(949) 448-8821  
Fax: (949) 448-8831

4968 Booth Circle Ste. 106  
Irvine, CA 92604  
(949) 387-4900  
Fax: (949) 387-4945

800 Corporate Dr., Ste. 280  
Ladera Ranch, CA 92694  
(949) 347-7200  
Fax: (949) 347-7217

24422 Avenida De La Carlota, Ste.130  
Laguna Hills, CA 92653  
(949) 951-1376  
Fax: (949) 951-6378

Patient's Complete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please mail/fax these records for an appointment on: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_