Coast and Aloe Medicine and Aesthetics
Professional Corporation and Adrienne N. Burrows, M.D.
2001 Santa Monica Blvd. Ste 1265W, Santa Monica, CA 90404
Phone: 424.888.6298 • Fax: 424.456.3642

Medical Records Release Form

Patient Name: ____ Date of Birth: __________________

☐ I hereby authorize *Coast and Aloe Medicine and Aesthetics* to release my information to:

____ _____________________________
(Individual/Organization/Provider) *(Relationship)*

____ _____________________________
(Street Address) *(Phone)*

____ _____________________________
(City, State & Zip Code) *(Fax)*

☐ I hereby authorize____to release my information to *Coast and Aloe Medicine and Aesthetics via mail at:* ***2001 Santa Monica Blvd. #1265W Santa Monica, CA 90404****, via fax to:* ***(424) 456.3642*** *or via email at* [*office@coastandaloe.com*](mailto:office@coastandaloe.com)

Information to be disclosed: ☐ Complete Medical ☐ Record ☐ Labs/Imaging

☐ Mental Health ☐ Progress Notes ☐ HIV Test Results ☐ Hist. & Physical

The purpose of the disclosure of my records is for the following reason(s):

☐ Continuation of Care ☐ Changing to a new PCP ☐ Attorney/Ins. Company

☐ Personal Use ☐ Aid in care: ____
(Name & Relation to the patient).

☐ Other ____

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Revocation: This consent is subject to revocation by the patient at any time. To revoke this authorization, the patient must notify *Coast and Aloe Medicine and Aesthetics* via a written request to office@coastandaloe.com

Expiration: If not earlier revoked, this consent will expire **one year** from the date of the signature unless a different date is specified here: ____________________________________.

________________________________ ____________________________________ __________________
(Patient Printed Name) *(Patient Signature)* *(Date)*

________________________________ ____________________________________ __________________
(Authorized Patient Representative) *(Signature)* *(Date)*

________________________________ ____________________________________ __________________
(Representative Address) *(Phone Number)* *(Relationship)*