



**MEDICAL RECORDS RELEASE FORM
TO ANOTHER FACILITY**

I hereby authorize the release of my medical records including laboratory and/or x-ray reports from:

Sand Canyon Urgent Care Medical Center
15775 Laguna Canyon Rd Suite 100
Irvine, CA 92618
Telephone: 949-417-0272
Facsimile: 949-417-0276

To the following facility:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Patient Name

Patient Date of Birth

Patient Social Security Number

PATIENT (OR RESPONSIBLE PARTY) SIGNATURE

DATE TODAY