



Allergy & Asthma Associates of Southern California

Leading-edge, personalized care you can trust

Warner W. Carr, M.D.
Mark S. Sugar, M.D.

REQUEST FOR RELEASE OF MEDICAL RECORDS

Use this form when you want to transfer records
to our office from a different office.

PLEASE PRINT - THANK YOU!

PREVIOUS DOCTOR: _____

ADDRESS: _____

TELEPHONE/FAX#: _____

- All Medical Records (including lab results, visit notes, and procedures)
- Date Range: _____ to _____

PLEASE FORWARD A COMPLETE COPY OF MY MEDICAL RECORDS
INCLUDING ALLERGY TEST RESULTS AT MY REQUEST TO
ALLERGY & ASTHMA ASSOCIATES OF SOUTHERN CALIFORNIA
WARNER W. CARR, M.D. MARK S. SUGAR, M.D.
27800 MEDICAL CENTER ROAD #244
MISSION VIEJO, CA 92691

PLEASE PRINT - THANK YOU!

PATIENT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY# _____

SIGNATURE

PATIENT, PARENT OR GUARDIAN DATE

PRINTED NAME

PARENT OR GUARDIAN (if different from patient)

Expires 1 year of the date of signature but may be revoked sooner if done in writing

FOR OFFICE USE ONLY:

ACTION: PREPARED BY _____ DATE _____

PLEASE CIRCLE ONE: MAILED FAXED TO BE PICKED UP DATE _____

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