



ALAIN KARAGUEZIAN M.D.

18546 Roscoe Blvd Suite 304 Northridge, CA 91324
(818) 772-7100 office | (818) 772-7112 fax | http://dralaink.com

RELEASE OF MEDICAL INFORMATION

Permission to get records

I, _____, with a date of birth, _____, give my permission for
(patient name) (patient's DOB)

Alain Karaguezian M.D. to give my medical records (as described on p. 2) to
(doctor's or hospital name who has records)

_____ so that he/she can better understand my condition and help me.
(physician or hospital requesting)

Permission to get sensitive information

By putting my initials by each item below, I understand that I give permission for records to be sent that may contain information about:

- ___ My mental health
- ___ Transmittable disease I may have like HIV/AIDS
- ___ Genetic records and/or
- ___ Drug and alcohol records

I understand that

- I do not have to give my permission to share these records.
- If I want to take away the permission for my doctor to get these records, I need to talk to my doctor or a staff person and sign a paper.
- This form is only good for 3 months from the date I sign it.
- This will take 3-5 business days to process.
- Ten or more pages will cost \$15.00 to process.

Patients signature

Date requested

Authorized Representative's Signature

Date requested

Relationship of Authorized Representative _____



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Consent for release of medical records for _____
(patient name) (date requested)

Requesting records from:

Name of practice _____
Name of physician _____
Fax number _____
Address _____

Types of records we are requesting:

- Any and all types of records you have for this patient
- Doctor visit notes
- Emergency room notes
- Urgent care notes
- History and physical
- Hospital progress notes
- Operations or procedure notes
- Clinic notes
- Pathology notes
- Doctor notes
- Nurses notes
- Discharge summary
- Lab reports
- Radiology reports
- Consultations
- Other _____

Records within the following dates:

- All records for this patient
- Records dated between _____ and _____

Please send records to:

Attention: Alain Karaguezian, M.D.

At fax number: (818) 772-7112

Or mail to: 18546 Roscoe Blvd # 304
Northridge, CA 91324

FOR ANY QUESTIONS PLEASE CALL (818) 772-7100