



## Medical Records Release Form

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/person/facility/entity listed below.

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

### The information you may release subject to this signed release form is as follows:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Complete Records  | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Progress Notes         |
| <input type="checkbox"/> Care Plan         | <input type="checkbox"/> Lab Reports        | <input type="checkbox"/> Radiology Reports      |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Treatment Record   | <input type="checkbox"/> Operative Reports      |
| <input type="checkbox"/> Hospital Reports  | <input type="checkbox"/> Medication Record  | <input type="checkbox"/> Other (please specify) |

Release my protected health information to the following entity:

**iSCORE** (Interventional Spine Care and Orthopedic Regenerative Experts)

Providers:     **Maxim Moradian, MD**     **Revik Vartanian, DO**

Address:        317 S. Brand Blvd., Suite 103, Glendale, CA 91204

51 N. 5<sup>th</sup> Ave, Suite 301, Arcadia, CA 91006

Tel: (818) 338-6860 & (626) 460-1096; Fax: (888) 425-9079

Email: [medicalrecords@iscoreinc.com](mailto:medicalrecords@iscoreinc.com)

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient or Personal representative

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Printed Name of patient or Personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority