Beach Pediatrics
17742 Beach Boulevard, Suite 360
Huntington Beach, CA 92647
Office (714) 848-0868
Fax (714) 848-2248

REQUEST FOR PROTECTED HEALTH INFORMATION

Patient Name(s): ______________________________ Date of Birth: ______________

______________________________ Date of Birth: ______________

Request For:

- ☐ Immunization Replacement Card — $10.00
- ☐ School Form — $10.00
  - ☐ Preschool
  - ☐ K-12
  - ☐ Sports/Camp
  - ☐ Other
- ☐ ADD/ADHD Prescription — $15.00
- ☐ Medical Records, entire chart including labs, radiology, and consultations — $25.00 per patient

Receipt of Records:

- ☐ Please call me at (_______)________________, and I or a member of my family will pick them up.
- ☐ Please mail records to the following address:

  ____

  ____
- ☐ Please fax school form(s) to: (______)____________
- ☐ Please email to: ______________________________

SIGNATURE REQUIRED FOR RELEASE OF MEDICAL RECORDS:

I, ______________________________, authorize the release of my child/children's medical records.

Parent/Guardian Name

Parent/Legal Guardian's Signature: ______________________________ **Date:** ______________

NOTE: Consent expires one year from above date.

NOTE TO PARENTS:
Please allow 3-5 business days for processing. Records received from other providers/facilities **WILL NOT** be released. You must obtain these records from the original provider of service.

FOR OFFICE USE:

Date Requested: ______________ Date Processed: ______________

Total Due: ______________ Payment Received on: ______________

Type of payment: ☐cash ☐check ☐CC ______________________

Invoice#: ______________________ Initials: ______________

FOR OFFICE USE:

- ☐ Lindakay Rees, MD
- ☐ Patricia Stephens, MD
- ☐ Ann Ha, MD
- ☐ Rozita Pouroushasb, MD
- ☐ Beach Peds ☐ Children's