

Doctors of Women
4050 Barranca Parkway, Suite 160
Irvine, CA 92604

STANDARD AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Date: _____

I _____ authorize _____
to forward my protected health information to Doctors of Women Health Center. Please fax my
medical records to 949)262-3051 OR 949)559-4071.

Patient/parent PRINT NAME _____

Patients date of birth _____

Patient/parent signature _____

Specify records to be released and or disclosed:

- Labs
- Pap smear results
- Ultrasound
- Mammogram
- OB records
- All medical records

Specify Doctor:

- Dr. Carla Wells
- Dr. Anita York
- Dr. Pantea Mozayeni
- Dr. Lisa Crane
- Dr. Monica Aszterbaum
- Dr. Andrew Cassidenti
- Dr. Armine Ghazaryn