

**Doctors of Women  
62 Corporate Park, Suite 100  
Irvine, CA 92606**

**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. Pantea Mozayeni
- Dr. Lisa Crane
- Dr. Monica Aszterbaum