



Pamela Middleton, M.D.

359 San Miguel Drive, Suite #303 Newport Beach, CA 92660
Phone: (949) 706-1414 Fax: (949) 313-0989

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize Pamela Middleton, M.D. to
release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Parent/ Legal

Guardian's Signature: _____ Date Signed: _____

Parent/Legal Guardian's Name: _____ Relationship to Patient: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.