

Orange County Neurology, Inc.

Ali Elahi, M.D.

26800 Crown Valley Pkwy

Suite 455

Mission Viejo, CA 92691

(949) 365-9128. FAX (949) 429-8073

CONSENT FOR RELEASE OF INFORMATION

ATTN: Medical Records Department

Of Doctor/Facility: _____

Phone: _____

Fax: _____

Re: _____

DOB: _____

I, _____, hereby authorize you to release my records to:

Ali Elahi, MD

Orange County Neurology, Inc.

26800 Crown Valley Pkwy, Suite 455

Mission Viejo, CA 92691

Phone: 949-365-9128

Fax: 949-429-8073

Specific records to be released include:

- Consultation Notes
- Recent Laboratory Testing Results
- Radiology Reports
- Electrodiagnostic Testing

Please fax my medical records to : (949) 429-8073, **OR** please mail to:

Orange County Neurology, Inc.

26800 Crown Valley Pkwy Ste. 455

Mission Viejo, CA 92691

Patient Signature _____ **Date** _____

Appointment Date: _____