

26800 Crown Valley Pkwy, Suite 455  
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**A Elahi, MD**  
Director & Founder  
Orange County Neurology, Inc  
Diplomate, American Board of  
Psychiatry & Neurology (ABPN)

## CONSENT FOR RELEASE OF INFORMATION

(Records are to be obtained for diagnostic services/ continuing care)

**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

To disclose any of the following restricted information, initial the appropriate box(es):

\_\_\_\_\_ Psychiatric/ Mental Health \_\_\_\_\_ Alcohol/Drug Abuse \_\_\_\_\_ HIV Test Results

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:** \_\_\_\_\_

**This authorization will expire in 1 year**