

OPTIMAL HEALTH CENTER
74361 HIGHWAY 111, SUITE 3
PALM DESERT, CA 92260
(760) 568-2598

Medical Records Release Authorization: I authorize Optimal Health Center to release my medical information to any physician or health practitioner to whom I am being referred for care and to any payer of my care including my insurance company or managed care program upon their specific request. I also authorize any physician or health care provider I have seen to release my medical records to Optimal Health Center. Such authorization is effective for a period of one year, and extends to records regarding my minor child, if applicable.

Signature of Patient or Legal Guardian

Date

Patient/Guardian's Printed Name