



Dr. Oscar F. Sugastti – Dr. Griselda Meza

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patients Name: _____ DOB: _____

Patients Name: _____ DOB: _____

Patients Name: _____ DOB: _____

Patients Name: _____ DOB: _____

I request and authorize (previous doctor's name or clinic):

Phone: _____

Fax: _____

To release all healthcare information of the patient named above to:

AAA PEDIATRICS

DR. OSCAR F. SUGASTTI – Dr. Griselda Meza
2200 Opitz Blvd. Suite 355 Woodbridge VA, 22191
Phone: 703-580-6400 E-fax: 703-580-4550

NOTE

If record contains more than 10 pages, please send it by mail or to our e-fax.

This request and authorization is valid for 30 days and it applies to:

- All healthcare information relating the following treatments, conditions or dates:

- Full medical Record

- Other _____

Parent Signature: _____ Date: _____