

REQUEST FOR MEDICAL RECORDS

I hereby authorize: _____

To fax to: **Aliso Beach Animal Clinic**

30816 Coast Hwy
South Laguna Beach, CA. 92651
(949)499-4190

FAX: (949)499-4698

Information from the:

MEDICAL LABWORK DOCTOR'S NOTES X-RAY

Records of: _____
(Pets)

(Owner's Name)

(Address) (City State Zip)

(Date)

(Owner's Signature)

Office use only-

Date Faxed: _____

2nd Request: _____