

# New Patient Authorization Slip

Date: \_\_\_\_\_

NAME OF CURRENT/ PRIOR DOCTOR: \_\_\_\_\_

**Dr. Requested:** (circle one)

**Dr. Daniel Manjarrez**

**Dr. Alfredo Negrete**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/zip code \_\_\_\_\_

**Insurance Information:**

Insurance Name: \_\_\_\_\_

ID # \_\_\_\_\_

Name of Subscriber (Parent): \_\_\_\_\_

DOB: \_\_\_\_\_

**Parents Contact Information**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

( ) Home ( ) Work ( ) Cell

Cell Phone # \_\_\_\_\_

**Reason for Visit:**

\_\_\_\_ Sick: Symptoms \_\_\_\_\_

\_\_\_\_ Physical / Vaccines

**FOR OFFICE STAFF ONLY**

ACCOUNT # \_\_\_\_\_

LAST CKUP DATE \_\_\_\_\_ @ AGE \_\_\_\_\_

NEXT CKUP DUE ON \_\_\_\_\_ @ AGE \_\_\_\_\_

DATE OF APPT: \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

NOTES: \_\_\_\_\_

**Dr. Signature** \_\_\_\_\_

**CONSENT TO REQUEST MEDICAL RECORDS**

I, (Your Name) \_\_\_\_\_, hereby authorize the use/disclosure of health information as follows:

Dr.'s Name or Facility \_\_\_\_\_

Address: \_\_\_\_\_

Phone/fax #: \_\_\_\_\_

To release medical records to

**ABC PEDIATRICS**

**702 WAKE AVE, EL CENTRO CA. 92243**

**760-352-7216 / 760-352-1028**

Concerning the following patient/s:

PATIENT NAME

DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-PLEASE SPECIFY THE INFORMATION THAT IS BEEN REQUESTED (Progress notes, labs, immunization record, etc.): \_\_\_\_\_

\_\_\_\_\_

-REASON FOR THE REQUEST OF RECORDS: \_\_\_\_\_

\_\_\_\_\_

This authorization will automatically expire one year from the date of signature.  
I understand I might be charge a fee for the copies of any medical information. I understand that if the medical records requested are in storage I will be charge a \$25.00 fee.  
I understand that medical records are confidential and may be disclosed only as authorized in this consent.

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date: \_\_\_\_\_