

To be completed by Burbank Urgent Care Staff.

Name (Nombre) \_\_\_\_\_

Today's Date (fecha) \_\_\_\_\_ Date of Birth (Nacimiento) \_\_\_\_\_

**Directions to Patient**

**Step 1. Fill out this form.**

**Why? Burbank Urgent Care needs your permission to release your records to the specialty provider.**

Submit to Burbank Urgent Care in either of these 2 ways:

- o **Already know the name of the specialist?** Hand into Burbank Urgent Care front desk before you leave
- o **Don't know who you'll be going to?** Don't worry. After you book the appointment with the specialist, fill out this form and email to **felipa.villanueva@burbankurgentcare.com**. Alternatively, you can fax: (818) 953-4434. Give us 2 business days to confirm receipt by request. Again, best to do before your appointment with the specialist so the physician has your medical records on hand when you have the appointment!

**Step 2. Wait for Burbank Urgent Care to gather the records and deliver to the specialist. Typically takes 1 - 2 calendar days. It's free.**

**Authorization To Release Medical Information Consent**

I, \_\_\_\_\_, authorize **Burbank Urgent Care** to release the medical records for:  
Name of Patient or Guardian

Name of Patient (Your name or name of minor): \_\_\_\_\_

Alternative Last Name Used: \_\_\_\_\_

Date of Birth for Patient: \_\_\_\_\_

In addition, I authorize that the **following records be released** for these dates:

↳ What **record type(s)** do you want released? Check all that apply.      **Dates?** Check all that apply / write dates.

	<b>All</b>	<b>Specify</b>
<input type="checkbox"/> Medical Records	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Lab Records	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Billing Records	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Imaging Reports/ CD Images	<input type="checkbox"/>	<input type="checkbox"/> _____

↳ The records should be **delivered to the recipient** as stated below:

Name of the Recipient: \_\_\_\_\_

Mailing Address of Recipient: \_\_\_\_\_

Telephone of Recipient: \_\_\_\_\_

Email of Recipient: \_\_\_\_\_ Fax of Recipient: \_\_\_\_\_

↳ What **delivery method** for:

**Medical Records, Labs, and/or Billing Records?** Check off 1 only

- Recipient will pick up from Burbank Urgent Care
- Fax to the recipient. Can only be done for Providers / Health Facilities and Attorney offices
- Email to the recipient

**CD of X Ray Image?** Check off 1 only

- Recipient will pick up from Burbank Urgent Care
- Burbank Urgent Care will mail CD / DVD Typically takes 3 to 5 business days once mailed.

Name of Patient: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Signature of Guardian: \_\_\_\_\_ Date & Time: \_\_\_\_\_

\*Want copy of the ultrasound images done at our clinic? Contact: Urgent Diagnostics at (818) 240- 7744.

\*Want MRI / CT Scan images done at OSS? Go to ossburbank.com > click Resources > Medical Records.