



211 South Main Street, Orange, California 92868
Tel 714.288.3500 & 888.4.GENETIC Fax 714.288.3510
www.geneticscenter.com

REQUEST FOR MEDICAL INFORMATION/LABORATORY REPORTS FROM GENETICS CENTER

I am requesting that medical information be released from **GENETICS CENTER** and be forwarded to the following:

Physician, facility, or other: _____

Address: _____

City, Zip: _____

Phone Number: _____ **Fax Number:** _____

Patient's Full Name: _____
(Last, First, M.I.)

Date of Birth: _____

Date of service: _____

Information Requested:

I hereby authorize release of medical information/records to the physician or entity listed above:

Patient or Legal Guardian (Print): _____

Patient or Legal Guardian's Signature: _____

Date: _____