PINK
Plastic Surgery

Medical Information Records Release

Date:_____

I, _____ hereby authorize the release of my medical records in your possession to be forwarded to:

Windy Olaya, MD.

1310 W. Stewart Drive STE 511

Orange, CA 92868
Fax (855) 230-1459

Patient's Name:

_____

Date of Birth:

_____
Patient's Signature:

_____

Please specify information requested:

_____

_____

Windy Olaya, MD
P: 714-564-9225 F:855-230-1459
1310 W. Stewart Drive #511, Orange, Ca 92868
www.PINKsurgery.com