



**MEDICAL INFORMATION
RELEASE REQUEST**



Requesting Facility:

Requesting Official:

Date:

Patient's Initials:

Date of Birth:

Medical Record No.:

It has come to our attention that the above patient was possibly diagnosed with a reportable condition in Los Angeles County. Pursuant to Title 17, California Code of Regulations, Section 2500: It is the duty of every health care provider to report the suspect case to the local health officer. In order to complete our investigation, the following information is requested:

- Face Sheet/Contact Information
- History and Physical
- Infectious Disease Consult
- Neurology Consult
- Office Visit/Progress Notes
- Laboratory Test Results
- ER/Urgent Care Notes
- Discharge or Disposition Summary
- Others: _____

Comments:

Confidentiality Notice:

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