Dennis Jordanides, M.D.
Diplomate, American Board of Internal Medicine

Request To Provide Records

This authorization applies to the following:

☐ All health information pertaining to any medical history, mental or physical condition and treatment received.

Release copies of my records to:

Dennis Jordanides, M.D.
500 Superior Ave, Suite 135, Newport Beach, CA 92663
Phone: (949) 734-7446 Fax: (949) 734-7448
INFO@IM365Health.com

Please exclude the release of information of (initial all that apply):

☐ Alcohol/Drug Treatment ☐ HIV Test Results ☐ Mental Health Treatment

Purpose for disclosure (initial all that apply):

☐ Patient request ☐ Further medical care ☐ Insurance ☐ Other _____

Expiration of authorization: ☐ Until further notice ***OR*** On this date _____

Name: _____ DOB: _____

Signature: _____ Date: _____

If signed by patient representative, indicate relationship to patient: _____

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