

ATTENTION LEARNING CENTER

31899 Del Obispo, Suite 105
San Juan Capistrano, CA 92675
Phone: (949) 489-3233
Fax: (949) 248-7511

Release of Information

I hereby authorize _____ of _____ to
_____ release to _____ acquire from

doctor, agency, family member or agency

street city state zip

email () phone () fax

any and all information pertaining to:

patient name

street city state zip

date of birth

email () phone () fax

signature date

relationship to patient
(self, parent, guardian)

The Original



Treatment
Centers

1st in Orange & San Diego Counties