

Medical Release Form



Dear Member

Molina's goal is to do all we can to help you with your medical needs. If you or your family member has a new Primary Care Physician (PCP), your new PCP should have a copy of your medical records. Please fill out and sign this form. Please send the form to your old doctor.

To: _____
Old doctor Phone #

Address City State ZIP

I APPROVE AND REQUEST THAT YOU SEND A COPY OF MY MEDICAL RECORDS TO

To: _____
New Molina PCP Phone #

Address City State ZIP

Your name

Your address City State ZIP

Patient or legal guardian signature

Date

Relationship to patient