



903 Sneath Lane, Suite 230, San Bruno, CA 94066 Phone: (650) 826-3375 Fax: (650) 826-3374

Request for Home Health Service & Authorization to Release Medical Records

I _____, hereby request Home Health Service from AlphaCare Home Health Corp. and authorize: _____

to release my medical records to:

AlphaCare Home Health Corp
903 Sneath Ln, Ste 230
San Bruno, CA 94066
Tel: 650-826-3375
Fax: 650-826-3374

Dates requesting: _____

Please send or **FAX** the following: **1) Patient Demographics** _____

_____ **2) History & Physical** _____

_____ **3) Medication List** _____

_____ **4) Progress Notes** _____

Patient/Representative Signature

Date

Patient Name (Please Print)

Patient's Date of Birth