

Los Historiales médicos Sueltan Forma

Date _____

To _____

PLEASE RELEASE ANY PERTINENT MEDICAL RECORDS INFORMATION YOU HAVE IN YOUR FILES
PERTAINING TO

PATIENT NAME

DATE OF BIRTH

SPECIFICALLY REQUESTED

HISTORY AND PHYSICAL

EKG

PROGRESS NOTES

SURGICAL REPORTS

LABS STUDIES

PATHOLOGY REPORTS

OTHER _____

PLEASE FAX OR MAIL TO: DR. IVY-JOAN MADU
1234 W. Chapman Ave. Suite 205
Orange, CA 92868

PHONE NUMBER (714) 639-1815

FAX NUMBER (714) 639-2374

PATIENT'S SIGNATURE (Firma de paciente)

DATE (Fecha)