CALIFORNIA CARDIOVASCULAR CONSULTANTS
& Medical Associates

2333 Mowry Avenue Ste 300 Fremont CA 94538 Tel: (510) 796-0222 Fax: (510) 796-7760

ASH JAIN M.D ADITYA JAIN M.D. THIRUPATHI REDDY M.D. ADIL IRANI M.D. ALEX KOPELNIK M.D
LAY-HWA LOU M.D. UMA KANTAMUNENI M.D. HUI ZHENG M.D. MICHELLE HTUN M.D. SHAKIR HYDER M.D.
CAROLINE GARCIA M.D. SEEMA RIKHY M.D. SIMIN SIDDIQ M.D. FRANK HOCHMAN M.D.

MEDICAL RECORDS RELEASE

Patient's name : _____

Date of birth : ____/____/____

Social Security Number: _____-____-_____

Address : _____

_____

_____

Telephone number : _____

Please release all records, including but not limited to, progress notes, operative reports, laboratory test, diagnostic test and x-rays :

To : _____ From : _____

_____ _____

_____ _____

_____ _____

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS PROVIDED ABOVE.

Patient's Signature : _____ Date : _____

Witness : _____ Date : _____