

**CARDIOVASCULAR CONSULTANTS MEDICAL GROUP**

Consultative and Interventional Cardiology

Cardiac Electrophysiology

Peripheral Vascular Disease

A Partnership of Medical Corporations

[www.healthyhearts.com](http://www.healthyhearts.com)



**AUTHORIZATION TO RELEASE RECORDS**

DATE: \_\_\_\_\_ RECORDS NEEDED BY: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize and request you to release copies of my medical records to:

Cardiovascular Consultants Medical Group    ATTN: \_\_\_\_\_

- 16542 Ventura Blvd, Suite 402, Encino, California 91436      818.782.5041 ph 818.205.9091 fax
- 14901 Rinaldi Street, Suite 110, Mission Hills, California 91345    818.365.1339 ph 818.898.4301 fax
- 100 UCLA Medical Plaza, Suite 410, Los Angeles, Calif. 90024    310.824.3378 ph 310.208.2870 fax
- 23929 McBean Pkwy, Suite 216, Valencia, California 91355      661.259.1534 ph 661.284.3670 fax

Specific information requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security Number)