PEDIATRIC CARDIOLOGY
MEDICAL ASSOCIATES
OF SOUTHERN CALIFORNIA

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Jeffrey A. Wong, MD., FACC

AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION

Dear Doctor _____,

We have the pleasure of providing cardiology care to:

Patient: _____ DOB: _____

Please fax copies of the following to (818) 784-1531
or mail to:

PEDIATRIC CARDIOLOGY MEDICAL ASSOCIATES

ENCINO OFFICE
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THOUSAND OAKS OFFICE
555 Marin Street, Suite 220
Thousand Oaks, CA 91360
(805) 497-7214 Fax (805) 497-0864

Patient or guardian name (print): _____

Patient or guardian signature: _____ Date: _____