PEDIATRIC CARDIOLOGY MEDICAL ASSOCIATES OF SOUTHERN CALIFORNIA

Timothy W. Casarez, MD., FACC
Nancy Kim, MD., FACC
Frederic Leong, MD., FACC
Jeffrey A. Wong, MD., FACC
Hamsika Chandrasekar, MD.

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
5400 Balboa Blvd, Suite 202
Encino, CA 91316
(818) 784-6269 Fax (818) 784-1531

OR

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: _____

*Health Information Request valid up to one year after date signed.