

ERIC SUE, M.D.
Internal Medicine
2080 Century Park East Ste.1605
Los Angeles, CA 90067
Office: 310.556.1800 | Fax: 310.553.1806

**REQUEST FOR RELEASE
OF MEDICAL RECORDS**

Date: _____

To: Whom it May Concern

RE: _____, _____
(Patient Name) (Date of Birth)

I hereby authorize that my medical records be released from
_____ to Dr. Eric Sue. Please send
records to the address listed below or fax to the number listed below.

Thank you.

Eric Sue, M.D.
2080 Century Park East Ste.1605
Los Angeles, CA 90067
Fax: 310.556.1806

Patient Name: _____

Patient Signature: _____ Date: _____