

ERIC SUE, M.D.
Internal Medicine
2080 Century Park East Ste.1605
Los Angeles, CA 90067
Office: 310.556.1800 | Fax: 310.556.1806

**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 Dr. Eric Sue to _____ . Please send records to the address listed below. Thank you.

Patient Name: _____

Patient Signature: _____ Date: _____