

Ronald Sue, M.D.
2080 Century Park East, #1605
Los Angeles, CA 90067-2019
(310) 556-2244
(310) 556-4675 fax

REQUEST FOR RELEASE OF MEDICAL RECORDS

Date:

To:

I hereby request that my medical records be released to:

Ronald Sue, M.D.
2080 Century Park East, Suite #1605
Los Angeles, CA 90067-2019
(310) 556-2244
(310) 556-4675 fax

Patient Name:

Date of Birth:

Social Security Number:

Patient's Signature: _____