

LOS ANGELES
COLON AND RECTAL SURGICAL ASSOCIATES

Norman N. Hoffman M.D.
Incorporated
Colon and Rectal Surgery

Gary H. Hoffman M.D.
General Surgery
Colon and Rectal Surgery

Eiman Firoozmand M.D.
Colon and Rectal Surgery

Liza M. Capiendo M.D.
General Surgery
Colon and Rectal Surgery

Stephen Yoo M.D.
General Surgery
Colon and Rectal Surgery

ALLEN KAMRAVA, M.D.
General Surgery
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REQUEST FOR RELEASE OF MEDICAL RECORDS**

TO:
FAX TO: (310) 273-0314
ADDRESS: 9400 Brighton Way Suite 307
Beverly Hills, CA 90210

I hereby request the release of the following:

- My entire medical record
 The following records: _____

Please release the above records to:

- Gary H, Hoffman, M.D.
 Eiman Firoozmand, M,D.
 Liza M. Capiendo, M.D.
 Stephen Yoo, M.D.
 Allen Kamrava, M.D.

Self

Other (fill out information below)

Name: _____ Telephone: _____

Street Address: _____

City, State, Zip, _____ FAX: _____

****NOTE: PLEASE ATTACH A COPY OF YOUR PHOTO IDENTIFICATION IF REQUESTING YOUR OWN RECORDS OR RECORDS FOR YOUR MINOR CHILD, OR RELEVANT LEGAL DOCUMENTS AND PHOTO IDENTIFICATION IF YOU ARE A THIRD PARTY REQUESTOR SUCH AS A CONSERVATOR.**

PATIENT OR OTHER SIGNATURE

PRINTED NAME

DATE

DATE OF BIRTH