



Nicolas N. Doan Van, MD, FACC, Inc.
Robert S. Greenfield, MD, FACC, FAHA, FNLA, Inc.
Arvind S. Nirula, MD, FACC, FSCAI, Inc.
Sanjiv M. Patel, MD, FACC, FSCAI
Steven M. Schiff, MD, FACC, Inc.
Srinider S. Thind, MD, FACC, FSCAI
Jennifer Lee Wong, MD, FACC, Inc.
Amanda M. Donohue, DO
Sarah Elsayed, MD
Tae Yang, MDHoang Nguyen, MD
Nikhil Warriar, MD

Medical Records Release Form

To: _____
Address: _____
Phone: _____
Fax: _____

I authorize and request you to release records to:

California Heart Associates

Dr _____

A copy of all my medical records, unless specified below;

Print Name: _____ Signature: _____

DOB: _____ Date: _____

If you received this transmission in error, please destroy all pages and call our number to inform us of the error. This request is in compliance with HIPAA regulations in order to ensure patient health information privacy. Thank you for your cooperation in this matter