

**DIABETES ASSOCIATES MEDICAL GROUP**

Medical Records Release Form

Date

To Dr. \_\_\_\_\_  
\_\_\_\_\_

PLEASE RELEASE ANY PERTINENT MEDICAL RECORDS INFORMATION YOU HAVE IN YOUR FILES/DATA BASE PERTAINING TO

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE OF BIRTH

SPECIFICALLY REQUESTED

HISTORY AND PHYSICAL

EKG

PROGRESS NOTES

SURGICAL REPORTS

LAB STUDIES

PATHOLOGY NOTES

X-RAYS

Thyroid ultrasound

Radioiodine uptake and scan

Whole body radioiodine scan

OTHERS \_\_\_\_\_

The patient's date of appointment is coming up soon and release of the records is greatly appreciated.

PLEASE FAX OR MAIL TO: Dr. Ivy-Joan Madu  
1234 W. Chapman Ave. Suite 205  
Orange CA 92868

Phone Number (714)639-1815

Fax Number (714)639-2374

\_\_\_\_\_  
PATIENT'S SIGNATURE

DATE