

# Cory A. Waldman, MD

Internal Medicine & Cardiovascular Diseases

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## Authorization for Release of Medical Records

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

D.O.B (date of birth) \_\_\_\_\_

I authorize \_\_\_\_\_ to release my records to

Dr.Cory Waldman: \_\_\_\_\_

### Type of records

Check the appropriate records to release

- All Medical Records
- Operative report
- Laboratory results
- History and Physical
- Discharge Summary
- Consultation Reports
- X-ray reports or films
- Stress echo reports
- Echocardiogram report
- Electrocardiogram(EKG)
- Angiogram/PTCA reports
- Pathology reports or specimens
- Exercise stress test (with tracings)
- Other

Specific dates in service \_\_\_\_\_ all

I release you of all legal responsibility or liability that may arise from this authorization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax Records to Attn:   Hetel   @ (310) 274-1073

Or send to: Cory A Waldman M.D. at the address above

