



TANGCHITNOB MD

MINIMALLY INVASIVE ROBOTIC SURGICAL GROUP FOR OBSTETRICS & GYNECOLOGY

# REQUEST FOR MEDICAL RECORDS

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RE: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

RELEASE OF MEDICAL RECORDS: This form authorizes you to release copies of the above named patient's medical records including x-rays, laboratory, pathology, biopsies etc., to:

Edward Tangchitnob, M.D.

1135 S. Sunset Ave, Ste. 102  
West Covina, Ca. 91790

Or via fax:  
Fax: (626) 851-8822

Thank you for your assistance in this matter. If you have any questions, please contact our office at (626) 338-5377.

Patient's Name: \_\_\_\_\_

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

Patient's Signature: \_\_\_\_\_

CONSENT IS VALID FOR 3 MONTHS FROM THE DATE OF SIGNATURE