

**SOUTHERN CALIFORNIA VASCULAR ASSOCIATES**  
A MEDICAL CORPORATION

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Vascular and Endovascular Surgery

**RECORDS RELEASE**

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

Doctor/ Hospital

I HERBY AUTHORIZE AND REQUEST YOU TO RELEASE MY RECORDS

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

Doctor/ Hospital

The complete medical records in your possession, concerning my illness and / or treatment during the period from \_\_\_\_\_ to \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print:** \_\_\_\_\_

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

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