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Medical Records Release

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Home Phone: _____

Request From: Walter K. Nahm, M.D., Ph.D.
7695 Cardinal Court, Suite 200
San Diego, CA 92123

Send To: _____

I request a copy or summary of the following medical records:

- Medical Progress Notes
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Allergy Test / Treatment
- Surgical Procedures
- Other _____

Additional Comments:

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____