



9940 Talbert Ave, Suite 100 Fountain Valley, CA 92708.
Phone: Office: 714-378-7330, Fax: 714-378-7329 or 714-378-7335

RELEASE OF MEDICAL RECORDS REQUEST

I, _____ with Date of Birth _____

Here by request that my medical records be sent to OC Blood & Cancer Care.

Entire medical record.

Portion of record, to specifically include: _____

I hereby authorize _____

To release the above requested medical records to:

Jack Jacoub, MD, Collin Vu, MD, R. Matthew Carroll, MD,
Ana Rojas, MD & Mary Anne Hall, PA
OC Blood & Cancer Care
9940 Talbert Ave, Suite 100 Fountain Valley, CA 92708
Office: 714-378-7330
Fax: 714-378-7329 or 714-378-7335

Signed: _____

Date: _____

Witness: _____