



The Westchester Medical Group  
Center For Heart and Health  
360 North Sepulveda Blvd., Suite 3000  
El Segundo, California 90245  
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Board Certified Internal Medicine • Board Certified Sports Medicine

## REQUEST FOR RELEASE OF MEDICAL INFORMATION

To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby request that my Medical Records be released to:

Westchester Medical Group Center for Heart and Health  
360 N. Sepulveda Blvd. #3000  
El Segundo, California 90245

ATTN: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_