Long Beach Internal Medical Group, INC.
2650 Elm Ave. suite 309
Long Beach, Ca 90806
Phone #: (562) 595-8549
Fax #: (562) 424-2591 or (562) 492-6271

To_____

_____

_____

I hereby authorize and request you to release records to:

H. L. Worcester, M.D. S.W. Hryniewicki, M.D.

D. Phu, M.D.

Long Beach Internal Medical Group, INC.
2650 Elm Ave. suite 309
Long Beach, Ca 90806

The complete history records in your possession, concerning my illness or treatment during the period from_____to_____.

Name_____Date_____

Address_____

_____

DOB_____

Signature_____