

Elie M. Gindi, M.D.
2080 Century Park East, Suite 1605
Los Angeles, CA 90067
(310) 553-5535
Fax (310) 552-1133

**REQUEST FOR RELEASE OF MEDICAL RECORDS
TO
ELIE M. GINDI, M.D.**
Internal Medicine

To: _____

I hereby request that my medical records be released to:

Elie M. Gindi, MD
2080 Century Park East, Suite 1605
Los Angeles, CA 90067-2019
(310) 553-5535
Fax (310) 552-1133

Please release the following records:

- All
 Selection: _____

Patient Name: _____

Date of Birth: _____