Newport Heart
A MEDICAL GROUP

415 Old Newport Blvd • Ste. 200 Newport Beach California 92663
Phone: (949) 548-9611 Fax: (949) 548-9958
www.newportheart.com

Richard J. Haskell, M.D., F.A.C.C.
Desmond D. Levin, M.D., F.A.C.C.
Bonnie J. Gainer, M.D., F.A.C.C.
Neala J. Hunter, M.D., F.A.C.C.
Jeffrey Bruss, M.D., F.A.C.C.
Carey L. O'Bryan IV, M.D., F.A.C.C.
Michael Panutich, M.D., F.A.C.C.
Allen Kuo, M.D., M.P.H.
Gennie Yee, M.D., F.A.C.C.
Eric Thai, PA-C
Jennifer Galich, DNP
Kristen Wechsler, NP

MEDICAL RECORDS RELEASE

Date: _____

I hereby authorize newport Heart Medical Group to obtain any and all medical records concerning my care from any physician, hospital, or health care professional that has provided medical care to me in the past.

Patient Name: _____ DOB: _____

Patient Signature: _____

Release Records From: _____

Provider Address: _____

Phone: ( ) _____ Fax: ( ) _____

Release Records To: NEWPORT HEART MEDICAL GROUP

Dr. _____
ATTN: Medical Records
Phone: (949) 892-3334 Fax: (949) 548-9958
Email: brittany@newportheart.com

Please send the following records from dates of service: _____

___ ALL
___ Cardiac Records
___ H&P/Consults/Progress Notes
___ Operative/Procedure Reports
___ Discharge Summary
___ Other: _____

Notes: _____

PLEASE CONTACT THE MEDICAL RECORDS DEPARTMENT VIA FAX, PHONE, OR E-MAIL IF YOU DO NOT HAVE THE REQUESTED RECORDS. THANK YOU