



Pacific Gastroenterology

814 NE 87th Avenue
Vancouver, WA 98664
360 823-0880
FAX: 360 823-0883

REQUEST FOR MEDICAL RECORDS

Date: _____

TO: _____

I hereby authorize and request you to release to **Dr. Mehdi Ferdows**
and/or Pacific Gastroenterology a complete copy of my medical
records as indicated below:

_____ Medical Records

_____ X-Ray reports

_____ Laboratory reports

_____ Records of medication given to patient

_____ Other: _____

Name of Patient: _____

Birth Date: _____

Social Security Number: _____

Patient or Guardian's Signature: _____