

Medical Records Release Form

PulmoCrit Associates • (844) 428-5864 • pulmocrit.com

I, _____, request that my medical records include only the last two office visits, skin test results, sleep studies, spirometry, recent X-Rays / CT scans, and vaccine sheet, and that they be sent to:

PulmoCrit Associates

Babak Eshaghian, MD | Sasan Sani, MD

Kasra Sedarati, MD | Keren Fogelfeld, MD

16260 Ventura Blvd., Suite 600, Encino, CA 91436

Fax: (818) 360-3533

Patient Date of Birth:

Patient Signature:

Date:

PulmoCrit Associates | 17075 Devonshire St. Ste 205, Northridge CA 91325 | 16260 Ventura Blvd. Ste 600, Encino CA 91436 | 555 Marin St. Ste 110, Thousand Oaks CA 91360 Phone: (844) 428-5864 | Fax: (818) 709-3833