EMPIRE VEIN SPECIALISTS

MEDICAL RECORDS REQUEST

Patient Name: _____

Date of Birth: _____

The above patient is under the care of Empire Vein Specialists.

Please forward the following information from their medical record:

- Consult Reports, Operative Reports, Discharge Summaries
- X-ray, CT, MRI, Ultrasound, and any other imaging studies

I hereby authorize the requested information contained in my medical record be forwarded to:

Empire Vein Specialists
6848 Magnolia Ave, Ste 125
Riverside CA, 92506
Phone 951-289-9512
Fax 951-394-8438

Patient Signature: _____ Date: _____

Nina Grewal, MD, FACS
6848 Magnolia Avenue, Suite 125 Riverside, CA 92506
Phone: 951-289-9512 Fax: (951) 394-8438
EmpireVein.com