

Jeffrey A. Punim, M.D., F.A.C.E.  
Diplomate, American Boards of Internal Medicine and Endocrinology  
(714) 842-9500

Medical Records Release

Patient name.....DOB .....

Patient address.....

City, State, ZIP.....

Phone.....

I authorize the transfer of my medical records for continuing care to:

Practice name.....

Practice address.....

City, State, ZIP.....

Phone.....Fax.....

Signed.....Date.....

Please return completed form to the office via:

1. Fax:  
(714) 841-0760  
OR
2. Mail:  
PO Box 2928  
Seal Beach, CA 90740  
OR
3. In person through the mail slot (until Dec 20):  
17822 Beach Blvd Ste 442  
Huntington Beach, CA 92647