



LOS ANGELES INTEGRATIVE GASTROENTEROLOGY & NUTRITION

Farshid Sam Rahbar, MD, FACP, ABIHM

"Whole-Person Approach to Digestive Care"

(310) 289-8000

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REQUEST FOR MEDICAL RECORDS

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RE: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Other ID: \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

The above patient is currently under my care. I would appreciate your rendering me the following information.

1. Complete clinical records including X-rays and Laboratory data.
2. X-ray and laboratory reports. –Send NO X-rays.
3. X-rays and laboratory reports. –Send original X-rays.

Sincerely,

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Farshid Sam Rahbar M.D F.A.C.P

I hereby authorized any prior or present treating physicians, hospital or other health institution to release all of my medical information for the purpose of Treatment and Health Operation by any means of communication to Dr. Farshid Sam Rahbar

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Signature of Patient

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