REOUEST SECTION

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VASCULAR & INTERVENTIONAL CENTER



FULL-SERVICE, ALL DIGITAL IMAGING NETWORK

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Medical Records Department; 3115 E. Guasti Rd. Ontario, CA 91761 Servicing All Locations: Downey/ West Covina/Ontario/Upland/Covina/Pomona

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Patient Name:	Medical Record:	
inspect and/or copy health informat	ation that pertains to you. A "He request will not be granted. In t	ability Act of 1996, you have a right to request the opportunity to ealth Care Provider" will evaluate your request and will either grant the event that your inspection/copy request is not granted you may
I,information pertaining to me, maint	hereby request () tained at Centrelake Imaging	TO INSPECT or () A COPY OF the following health & Oncology:
Date of Service: Information requested for Inspection or Copying:		
Signature of Patient/Guardian:	Date:	Telephone Number:
X		X
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Rev07142015