

Release for Medical Records



Imperial Valley Endocrine Medical Corp.

Ramona A. Krutzik, M.D.

Diplomate in Endocrinology, Diabetes and Metabolism
Diplomate in Internal Medicine

528 G Street • Brawley, CA 92227 • Phone: (760) 344-6355 • Fax: (760) 344-6921

Patient: _____ DOB: _____

I, _____, hereby consent to release my
medical records from:

Name of Physician/Facility/Hospital/Clinic

Street Address

City, State, Zip

Office Phone

Office Fax

To the office of:



Imperial Valley Endocrine Medical Corp.

Ramona A. Krutzik, M.D.

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Please include the following:

- All Records
- Progress notes: _____
- Laboratory Results / Reports: _____
- Radiology Reports: _____
- Other: _____

Please forward these records: At your earliest convenience ASAP

Thank you.

Patient Signature: _____ Date: _____

If person other than patient is signing, please complete the following:

Print First and Last Name

Relationship to Patient