THE TRUONG NEUROSCIENCE INSTITUTE
D.B.A THE PARKINSONS & MOVEMENT DISORDER MEDICAL GROUP
Daniel Truong, M.D. Mayank Pathak, M.D. Nguyen Thong, M.D. Christina MyChi Nguyen, M.D.

Specializing In: Parkinsonism Myoclonus Chorea Tourette Syndrome Spasmodic Torticollis
Blepharospasm Tardive Dyskinesia Tremors Dystonia Restless Leg Syndrome Spasmodic Dysphonia

REQUEST FOR RELEASE OF MEDICAL INFORMATION

To: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

Daniel D. Truong, M.D. ***Mayank S. Pathak, M.D.***

Nguyen N. Thong, M.D. ***Nguyen, Christina M. D.***

9940 Talbert Ave. Suite 204, Fountain Valley, CA 92708

Phone: (714)378-5062 Fax: (714)378-5061

( ) SUMMARY OF CURRENT MEDICAL CONDITION

( ) CONSULTATION REPORT (DATE) _____

( ) COPY OF ANY RADIOLOGY REPORTS AND/OR LAB RESULTS (DATE) _____

( ) ANY AND ALL MEDICAL INFORMATION, HISTORY, RECORDS, DIAGNOSIS AND REPORTS IN YOUR POSSESION.

( ) OTHER: _____

PATIENT'S NAME: (PLEASE PRINT) _____

DATE OF BIRTH: _____

PATIENT'S SIGNATURE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

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