LAS VEGAS CANCER CENTER
2904 W. Horizon Ridge Pkwy, Ste 200
Henderson, NV 89052
(702) 471-7779
(702) 471-0484 fax

REQUEST FOR MEDICAL RECORDS Date: _____

I hereby authorize the release of my medical records to:

Las Vegas Cancer Center
2904 W. Horizon Ridge Pkwy, Ste 200
Las Vegas, NV 89052

Patient Name: _____
(please print)

SSN# : _____ DOB: _____

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

Records requested from: