

**John E. Padour, M.D.**  
DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE  
148 No. Brent St., Suite 201  
Ventura, CA 93003

Office: 805-641-1800  
Fax: 805-653-7468

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

**REQUEST FOR RELEASE OF MEDICAL RECORDS**

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

FAX: \_\_\_\_\_

I, \_\_\_\_\_, hereby request that my records be released to:

**John Padour, MD  
148 N Brent St  
Suite 201  
Ventura, CA 93003**

\_\_\_\_\_  
**Patient Signature** \_\_\_\_\_  
**Date**

**Please fax along with medical records back to (805) 653-7468.**