



GLENN TISMAN, M.D.
A Medical Corporation
Hematology • Oncology
13025 Bailey Street, Suite A
Whittier, CA 90601

Medical Information Release Authorization

Patient Name: _____

Address: _____

Date of Birth: _____

Please forward the medical information requested by:

The office of Dr. Glenn Tisman, M.D.
13025 Bailey Street
Whittier, CA 90601
(562) 789-8822
Fax: (562) 698-4582

Records may be transmitted by phone, fax, or mail, or such means required to relay my information to Dr. Tisman's facility in a timely manner.

Thank you,

Patient Signature

Date