



Smart Heart Care
Keshav Chander, MD RVT
Cardiologist
Smart Medical Care
Renu Mahajan, MD
Internist

Date ____/____/____

RE: Request of Medical Information

Patient Name _____

DOB: _____

I hereby request that you release:

From: _____

Phone: _____ Fax: _____

To:

Chander PLLC
8970 W. Tropicana Ave Ste 6
Las Vegas, Nevada 89147

**Please mail records to above address and Do Not
fax them**

X _____ Date ____/____/____

Patient/Legal Guardian Signature

8970 W Tropicana Ave Ste 6 Las Vegas NV 89147 Phone 702-473-5333
Website: 4smartcare.com