MEDICARE FORM to be completed by the following specialties:

- Burn
- Cardiology
- Radiology
- Radiation Oncology
- Cardiothoracic

To complete the form, please fill out:

- Section 2A
- Section 15B
- Signature must be signed using **BLUE** ink

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Please return the completed form to:

Patricia Pearce
Business Office
Torrance Memorial Medical Center
3330 W. Lomita Blvd.
Torrance, CA 90505
(310) 784-3783
Patricia.Pearce@tmmc.com