Cardiology Records Release Form

Patient Full Name

Date of Birth

Phone Number

Patient Address

Release Records To (Doctor/Hospital/Individual Name)

Recipient Address

Recipient Phone Number

Information to be Released

☐ All Cardiology Records

☐ Specific Records (describe below):

Purpose of Release

☐ Continuing Care

☐ Insurance

☐ Personal Use

☐ Other (specify):

[   ]

Dates of Service Requested

[   ]

Additional Comments/Instructions

[   ]

Signature of Patient or Legal Representative

[   ]

Date

[   ]