

NSC Cardiology

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REQUEST FOR RELEASE OF MEDICAL RECORDS

(This form is to be used to get records from a previous physician or previous hospital stay)

(Only complete bottom portion of this form)

TO:

I hereby request that all my medical records (labs, imaging reports and office notes) be released to NSC Cardiology as soon as possible. Thank you.

Please Print

Patient Name: _____ **Date:** _____

DOB: _____ **SSN:** _____

Address:

Patient Signature:
