



SUN STATE CARDIOLOGY

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RECORD RELEASE

PATIENTS NAME _____

DATE OF BIRTH _____

From Sun State Cardiology to other facility

I, _____ hereby authorize Sunstate Cardiology, the right to release verbal and written information regarding my medical records (including lab work, x-rays, surgery reports) to:

From other facility to Sun State Cardiology

I, _____ hereby authorize the release of all my medical records or copies of such (including lab work, x-rays, surgery reports) and request that they be transferred to:

SUNSTATE CARDIOLOGY, PC
60 N. McClintock Dr., Suite 3
Chandler, AZ 85226

PATIENT'S SIGNATURE

DATE