



SUN STATE CARDIOLOGY

1100 S. Dobson Road, Suite 118
Chandler, AZ 85286
(480) 821-3800
FAX (480) 821-3806

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
1100 S. Dobson Road, Suite 118
Chandler, AZ 85286

PATIENT'S SIGNATURE

DATE