



SOUTH MIAMI HEART SPECIALISTS
6200 Sunset Drive, Suite #401
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Diplomats,
American Board of Cardiovascular Disease
American Board of Internal Medicine

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MEDICAL RECORDS RELEASE

Date :

To: From:
Physician/Hospital

Phone: Fax:

I hereby authorize and request you to release my Medical Records/Testing results to:

SOUTH MIAMI HEART SPECIALISTS
6200 SUNSET DRIVE, SUITE #401
SOUTH MIAMI, FL 33143

Patient Name: DOB:

SS#:

Witness if unable to sign:

Relationship to patient:

Signature: