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Cardiology Consultation
Invasive Cardiology
Interventional Cardiology

Board Certified
Internal Medicine and
Cardiology

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I AUTHORIZE:

TO RELEASE TO:

FOR THE PURPOSE OF:

PRINT PATIENT NAME

PATIENT SIGNATURE (may not be signed by a spouse or minor)

PATIENT'S DATE OF BIRTH

PATIENT'S SOCIAL SECURITY #

PRINT NAME OF PATIENT, GUARDIAN
CONSERVATOR OF MINOR

SIGNATURE

