Release of Medical Records Form

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To: _____

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Release medical records for:

Patient name: _____

Date of Birth: _____

Records Requested:

- Last office note
- Most recent lab results including lipid profile
- Most recent noninvasive cardiac testing results
- Most recent invasive cardiac procedures and results
- Other: Recent labs and any prior lipid profiles form the past 5 years

_____

Signature of patient or guardian: _____

Relationship to patient: _____

Date signed: _____

Please fax results to (616) 827-7977 or mail to the above practice address.
This release is good for one year after the date signed unless another time is specified.
A photocopy or facsimile of this authorization is equivalent to the original.