

# CardioSD

Kettering Physician Network



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## MEDICAL RECORDS RELEASE (PLEASE PRINT)

I hereby authorize the release of my medical information as indicated between the following parties:

**REQUEST RECORDS FROM:**

**SEND RECORDS TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize this release of information for: (mark all that apply)

- Consult/Second Opinion       Legal (specify) \_\_\_\_\_  
 Specialist Care       Other (specify) \_\_\_\_\_  
 Transfer of Care: Permanent / Temporary (dates) \_\_\_\_\_

Please indicate which of the following apply:

   I will no longer hold Cardiology Specialists of Dayton responsible for my cardiac/Pacer/ coumcare or medication management.

   This request is for information purposes only, however I will continue to be under the care of Cardiology Specialists of Dayton. I agree to be seen in the office as required by the physician. (office visits, pacer/ICD checks or coumadin management).

It is my desire that only the information checked below is to be released:

DATES OF TREATMENT: \_\_\_\_\_  
 Operative Reports       Lab       Progress Notes  
 Medications       Pacer/ICD Analysis       Radiology Report  
 Hospital Discharge       H&P       Other: \_\_\_\_\_

I understand that I may revoke this consent at any time, except where information has already been released. This authorization is valid for a sixty (60) day period from the date it is signed. If the information specified above contains information related to drug and/or alcohol abuse, for psychiatric/mental condition, or HIV/AIDS; I am authorizing this information to be included.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**PRINT PATIENT'S NAME: (at time of care)** \_\_\_\_\_

**SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_**

RECORDS TO BE:    MAILED    PICKED UP PHONE #: \_\_\_\_\_

**(PLEASE ALLOW 2 WEEKS FOR COMPLETION)**

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

Notified: MR Dept    Billing    Pacer/ICD    Coumcare   

**\*\*COMPLETE TRANSFER OF CARE, FILE IN FRONT OF CHART\*\***

8/1/09 med rec rel kmb