



CARDIOLOGY CONSULTANTS OF ATLANTA, P.C.
2801 N. DECATUR ROAD, SUITE 395, DECATUR, GA 30033
(404) 298- 2220 PHONE (678) 904- 5336 FAX

Jeffrey Howard, MD, F.A.C.C.
Board Certified in Cardiology

Request for Medical Records

Physicians Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dear Dr. _____,

The following individual has asked us to request that his/her relevant medical records, i.e., office notes, hospital reports, lab results and any other pertinent records be released and forwarded to our office:

Patient Name: _____

Date of Birth: _____ SSN: _____

In order for us to fully evaluate this patient's health and make informed decisions, the patient has approved our request for copies of all relevant medical records in your file. Please be sure to include x- ray films and reports.

Thank you for expediting this request. Please send these records to the office address below:

Cardiology Consultants of Atlanta, PC
2801 North Decatur Road, Suite 395
Decatur, GA 30033
404- 298- 2220 Phone 678- 904- 5336 Fax

I hereby authorize the release of all necessary medical records to Cardiology Consultants of Atlanta, PC. I wish for them to be forwarded as soon as possible.

Patient Signature: _____ **Date:** _____

Patient Address: _____

City: _____ **State:** _____ **Zip Code** _____

Signature of Witness: _____