

Charlotte Hearts
7666 Charlotte Hwy, Ste 230
Indian Land, SC 29707
Phone: (803)547-8800 Fax: (803)547-8822

Request For Medical Record Information

Patient Name: _____ Birth date: _____
Last First Middle initial

I authorize the release records from:

I understand that these records may include general medical, psychiatric, drug, alcohol, HIV and / or AIDS information from your medical records to Charlotte Cardiology Associates.

Purpose for release (**check box**): Continuation of care Other: _____

I request that you send (**check one box**):

All records necessary for continuing care Only send the specific info checked/written below

I request that you **include** the specifically information requested here (**check each box**):

- H&P Labs Radiology reports (X ray, MRI, CT, PET, ULTRASOUND)
 Specific Labs: _____
 Specific Radiology Reports: _____
 Progress notes Operative reports
 Discharge summary Angiography / Catherization reports Consults
 PFT, EKG, Holter Monitor reports
 ER records Problem list
 Other: _____

I request the following dates (**check one box**):

- All dates
 Limit to Dates: _____ to _____

Signature of Patient _____ Date _____

OFFICE USE:

Witness _____ Date _____