

# Patient History Form

## Medical Records Release Form

Today's Date: \_\_\_\_\_

Check as appropriate:

All progress notes for the past 3 months

All laboratory tests for the past 12 months

All consultation, emergency room and hospital reports, including but not limited to inpatient and outpatient reports, inpatient history and physicals, and inpatient discharge summaries for the past 24 months.

All EKG's and imaging reports including, but not limited to, surgery, colonoscopy, bronchoscopy, endoscopy, biopsy, cardiac catheterization , and interventional radiology irrespective of the date of the procedure.

Patient Name (Printed) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last 4-digits of Social xxx-xx-\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_\_\_

Get Records From:

Dr/Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Send Records**

**To: CARDIOLOGY SOLUTIONS LLC**

**/ Vitalie Crudu MD**

**Fax: 786-652-6781**

**Phone: 786-652-6781**

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Initials: \_\_\_\_\_