

FIRST COAST Heart & Vascular CENTER

Medical Records Request

Patient: _____ DOB: _____ SS#: _____

☐ Send Records to

☐ Request Records from

☐ Records going to patient

Provider: _____ Provider Fax #: _____

Located at: _____

The release of any information considered confidential under Florida Law, such as that regarding psychiatric, drug or alcohol abuse, HIV/AIDS testing, counseling, or treatment, or other sensitive materials which may or may not be in my medical records is: ☐ AUTHORIZE or ☐ UNAUTHORIZE

This written request for release of medical records is valid for 12 months from the date of my signature unless revoked in writing by me or my authorized agent. I agree to hold both the sending and receiving parties to this request harmless from any and all costs, liability and damages of any nature resulting or indirectly from the release of my medical records.

☐ All my Medical Records

☐ Specific Medical Records

☐ All my Medical Records Except

PATIENT SIGNATURE

DATE:

WITNESS:

☐ Patient unavailable to provide signature.

PATIENT REPRESENTATIVE

DATE:

Please fax records to the appropriate location listed below
Attention—Medical Records.

Interventional Cardiology and Vascular/ Endovascular Medicine

- VAN CRISCO, MD, FACC, FSCAI
- CHRISTOPHER EDWARDS, DO, FACC
- MICIAH JONES, DO
- SUNIL SINGH, MD, FACC

Cardiovascular and Imaging Specialists

- VINCENT J. CARACCILO, MD, FACC
- KRISTEN CURRIE MD, FACC
- DAVID GRECH, MD, FACC
- KEVIN HAYES, DO, FACC
- PUNITA KAVETI, MD, FACC
- MICHAEL J. KOREN, MD, FACC, CPI
- GAYLE MARTIN, MD, FACC
- AMEETH VEDRE, MD, FACC, FACP

Electrophysiology

- DINESH PUBBI, MD, FACC, FHRS
- NEIL SANGHVI, MD, FACC, FHRS
- NICHOLAS MANDALAKAS, MD, FACC

DUVAL COUNTY
PHONE 904.423.0010 • FAX 904.423.0012

ST JOHNS COUNTY • ELECTROPHYSIOLOGY
PHONE 904.342.8300 • FAX 904.342.8301

FLAGLER/PUTNAM COUNTY
PHONE 386-446-9966 • FAX 386-445-3398

CLAY COUNTY
PHONE 904.375.8100 • FAX 904.375.8101

www. FirstCoastHeart.com