

120 East 56th Street Suite 940 New York, NY 10022 Phone: **212-765-0765** 

Fax: 212-247-8093 www.westsidecardiology.com

## CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient's r	name	
Date of Bi	rth	SSN
Address		
Date(s) re	quested	
I authorize	<b>3</b> :	
To release my medical records to:		
HIV test results will not be sent unless specifically requested:		
Yes,	forward HIV test results	DO NOT forward HIV test results
Signature <sub>-</sub>	R	elationship to patient
Witness		