

Pecan Plantation

<u>Cardiologists</u>		Date:	
Andrew Miller, MD, FACC			
REQUEST FO	R RELEASE OF MEDIC	CAL RECORDS	
REQUEST FO	R RELEAGE OF WEDIC	CAL RECORDS	
_			
To:	Physician or Hospital		
	Thysician of Hospital		
	Address		
	11001000		
City	State	Zip Co	de
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I hereby request that my medical records	oe released to:		
HeartPlace Pecan Plantatio			
2800 Village Road, Suite 108	Ш		
Granbury, Texas 76049			
PHONE: (254) 897-1434			
FAX: (254) 897-1409			
Patient Name (PRINT):		DOB:	
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Patient Signature:		Date:	
i dient digitate.		Datc.	
Social Security #:	Data of	Traatmant	
Social Security #.	Date of	11catilicit.	