



**Pecan Plantation**

**Cardiologists**

Andrew Miller, MD, FACC

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

**REQUEST FOR RELEASE OF MEDICAL RECORDS**

To: \_\_\_\_\_

Physician or Hospital

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

**I hereby request that my medical records be released to:**

**HeartPlace Pecan Plantation**

**2800 Village Road, Suite 108**

**Granbury, Texas 76049**

**PHONE: (254) 897-1434**

**FAX: (254) 897-1409**

Patient Name (PRINT): \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_