HeartPlace®
The Future Of Cardiology Is Here

HEB

Cardiologists
Andrew Miller, MD, FACC
Ali Moustapha, MD, FACC
Michael Mitchell, MD, FACC
Iyad Rashdan, MD, FACC
Alisa Thamwiwat, MD

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
1604 Hospital Parkway, Suite 301
Bedford, Texas 76022
Phone: (817) 684-9970
Fax: (817) 684-9373

Patient Name (PRINT): _____ DOB: _____

Patient Signature: _____ Date: _____

Social Security #: _____ Date of Treatment: _____