



Southlake

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
1545 East Southlake Blvd, Suite 250
Southlake, Texas 76092
PHONE: (682) 223-9112
FAX: (682) 223-9111

Patient Name (PRINT): _____ DOB: _____

Patient Signature: _____ Date: _____

Social Security #: _____ Date of Treatment: _____