Glen Rose

Cardiologists
Andrew Miller, MD, FACC
Deepak H. Patel, 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
409 Glenwood, Suite 200
Glen Rose, Texas 76043
PHONE: (254) 897-1434
FAX: (254) 897-1409

Patient Name (PRINT): ____________________________ DOB: ________________

Patient Signature: ____________________________ Date: ________________

Social Security #: ________________________ Date of Treatment: ________________

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