Name:
DOB:
Chart:
Age:
Date:

RECORDS RELEASE AUTHORITY

COASTAL CARDIOVASCULAR CONSULTANTS, P.A.

Pedro J. Escandon, MD, FACC, FSCAI
Thomas M. White, DO, FACC
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Virendra Patel, MD

459 Jack Martin Blvd, Ste 4
Brick, NJ 08724
Tel: 732-458-6200
Fax: 732-458-9464

I, _____ hereby request that you release my records

to the following: ☐ Coastal Cardiovascular Consultants, PA at the address or fax above
☐ to the physician at the address below

_____

_____

_____

_____

_____

☐ faxed to _____

Date_____ Initials _____

_____
Patient Signature

_____
Witness

_____
Address

_____
Date

_____
City, State, Zip

Provider's records may contain information created by an entity other than Provider ("incorporated records"). Provider is not responsible for the information contained therein (including the accuracy, completeness, relevance, legibility or lack thereof of such incorporated records). Patient expressly requests release of all records maintained by Provider concerning Patient, including incorporated records. Patient acknowledges that Provider has no and assumes no duty to patient regarding the content of or omissions from such incorporated records. By the making of this omnibus request, Patient expressly releases Provider from any liability that may result from Patient's (including Patient's treating healthcare providers, insurers, etc.) reliance upon such incorporated records."