



The SWICFT Institute
 625 9th Street North
 Suite 201
 Naples, FL 34102
 239.261.2000 Phone
 239.261.2266 Fax

James V. Talano, MD, MM, FACC
 Peter R. Foster, MD, FACC
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Medical Records Request

I, _____ authorize _____
 Name of Dr. we may get records from

_____ Street _____ City _____ State _____ Zip

to RELEASE my medical information to:

SWICFT Institute
 625 9th Street N, Suite 201
 Naples, FL 34102
 239-261-2000 Phone
239-261-2266 Fax

I request, as per my right through HPPAA regulations, that the above named office be granted the following information on my behalf:

- ✓ Cardioversions
- ✓ Catheter Procedures
- ✓ Echocardiograms or TEE's
- ✓ EKG's
- ✓ Lab Results
- ✓ Pacemaker/Defib Insertions
- ✓ Patient demographics
- ✓ Progress Notes
- ✓ Stress tests (Nuclear, Regular, or Echo)
- ✓ Valve Repair or Replacements
- ✓ Vascular or Pulmonary Studies

WITHIN the LAST 12 MONTHS OR MOST RECENT

Patient's Signature _____ Date _____

Date of Birth _____ Social Security Number _____

Witness _____ Position/Title _____

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