



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

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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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