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## RECORDS RELEASE

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To whom it may concern: \_\_\_\_\_

Please release my records to: Rihner, Gupta & Grosz Cardiology, P.C.  
600 Providence Park Dr. E.  
Mobile, AL 36695

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

*By signing below, I hereby authorize Rihner, Gupta & Grosz Cardiology, P.C. to use or disclose information about me that is protected under federal law, for the sole purpose and time period designated. This authorization will expire one (1) year from the date of signing unless specified otherwise.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Records requested (Please Circle):

- Echocardiogram / EKG/Diagnostic Testing
- Heart Catheterization / Angioplasty / Stent Report
- Holter Report
- Pacemaker Evaluation
- Coronary Artery Bypass Surgery OP Note
- Discharge Summary/Consult/H&P
- Most Recent Labs
- Most Recent Notes