**Request of records for Continuity of Care**

**Please release to:**

*Fairbanks Cardiology*

*1626 30th Avenue Suite 204*

*Fax#: 907-374-9932*

*Phone#: 907-374-0432*

**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize **Fairbanks Cardiology** access to my medical records from facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Signature (Office Staff):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Records Requested:**

\_\_\_\_\_\_EKG \_\_\_\_\_\_Lab Report:

\_\_\_\_\_\_ECHO \_\_\_\_\_\_Complete Medical Records

\_\_\_\_\_Procedure Note \_\_\_\_\_\_History and Physical

\_\_\_\_\_Other: