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MEDICAL RECORD REQUEST

Requesting from: _____

Fax: _____

Phone: _____

Patient Name: _____

Date of Birth: _____

Requesting MD: Paul W. Dlabal

Please Release the Following:

____ Demographics/Insurance Progress Notes

____ Lab Reports

____ EKG

____ X-Rays

____ Cath/OP Reports

____ Treadmill Results

____ Echo

____ Other (Specify _____)

____ AUTHORIZATION (STRESS ECHO) # _____

Please **FAX** the information to: **(888) 894-0872**

DATE OF APPOINTMENT: _____

Thank You