irginia Heart & Vascular Institute

Fareeha T. Khan, MD, FACC
Board Certified, American Board of Cardiology
Board Certified, American Board of Internal Medicine

Medical Record Release Form

Patient information

Name: ______________________________

D.O.B: ______________

Address: ____

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Records requesting:

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Releasing records to:

Name: ____

Address: ____

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Telephone: ______________________________

Patient Signature: ___________________________________ Date: _________

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