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DATE: _____

TO: _____

Dear Sirs:

I hereby request and authorize you to furnish
to _____ the

Following information concerning my case history and treatment:

- Medical summary
- Copies of Electrocardiogram, Echocardiogram, Cardiac Catheterization
- Laboratory Reports
- Other _____

Patient Signature: _____

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Witness: _____