



HEART & VASCULAR CENTER
OF SOUTH FLORIDA

Phone: (954)362-3426

Fax: (954)362-3432

Medical Records Release Form

Date: _____

From: _____

Phone: _____ Fax: _____

Address: _____

Please release all records to:

Dr. Luis F. Tami, MD, FACC, FSCAI

7777 Davie Road Ext., Suite 100B

Hollywood, FL 33024

Please fax all medical notes, labs, diagnostic tests, and surgery reports on the patient listed below.

Patient Name: _____

Patient DOB: _____

Patient Phone: _____

Patient Signature: _____