### Heart | ### Annual Control of Control of

Interventional Cardiology Cardiovascular Diseases

## **Release Record Request**

To:		
Address:		
City:	State:	Zip Code:
I hereby authorize the retransferred to:	elease of all my rec	ords and have them
	Ellahi Heart Cli 400 W.Arbrook, # Arlington TX 760	<sup>#</sup> 220
Patient Signature:		Date: