Nasser Cardiology, P.A. 17350 St Lukes Way, Conroe, TX 77384
Phone: 936-321-2366 Fax: 936-266-0469

Authorization for Disclosure of Confidential Information

Patient Name:
Date of Birth:
Address:

I hereby authorize Nasser Cardiology, P.A. to:

☐ Release to

☐ Receive from

Name of Person or Facility:
Street Address:
Phone:
Fax:

☐ History and Physical
☐ Lab Results
☐ Cath Reports
☐ Radiology Reports

☐ Nuclear Stress Test
☐ Echo Doppler
☐ EKG
☐ ALL RECORDS

PATIENT SIGNATURE: Date: