

***Cardiac Institute of the Palm Beaches, PA
Jeffrey S. Fenster, MD, FACC
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Palm Beach Gardens, FL. 33410
Phone: 561-296-5225
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Medical Records Release Request

To:

Patient Name: _____ ***D.O.B.:*** _____

I hereby authorize the release of my medical records to the office of Jeffrey S. Fenster, MD, FACC at the Cardiac Institute of the Palm Beaches, PA.

Please send records by fax or mail at your earliest convenience.

Thank you for your prompt response.

Signature: _____

Date: _____