

***Cardiac Institute of the Palm Beaches, PA  
Jeffrey S. Fenster, MD, FACC  
108 Intracoastal Pointe Drive - Suite 100  
Jupiter, FL 33477  
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:*** \_\_\_\_\_