

Advanced Heart Care, P.A.

I _____ hereby authorize Advanced Heart Care to discuss my medical and health information, in order to best coordinate my care, with the following people:

Name: _____ Relationship: _____

Telephone Number: _____

Address: _____

Name: _____ Relationship: _____

Telephone Number: _____

Address: _____

Name: _____ Relationship: _____

Telephone Number: _____

Address: _____

Signature

Date