

# Valley Heart Rhythm Specialists

Huy M. Phan, MD PhD FHRS

595 N Dobson Road, Ste A5

Chandler, Arizona 85224

**Tel: 480-534-7308**

**Fax: 480-534-7309**

## MEDICAL RECORDS REQUEST

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I, as signed below, authorize that my medical records be released to *Valley Heart Rhythm Specialists* for the purpose of my medical care.

Name:	DOB:
Please FAX records to: Valley Heart Rhythm Specialists <b>480-534-7309</b>	Faxed on behalf of patient by: Frankie Bui
	Request faxed on: ____/____/____

Please FAX the following documents:

- \*Office notes (including the most recent note)
- \*Procedure notes/reports
- \*Diagnostic tests: EKG, Echocardiogram, Stress test, Holter/event monitor, and labs

I appreciate your prompt response to this request as it may affect my cardiac care.

Sincerely,

Patient's Signature: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_