



**CENTER OF THE HEART**  
**Edward R. Assi DO·PA**  
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**P A T I E N T - C E N T E R E D C A R D I A C C A R E**

**AUTHORIZATION TO TRANSFER RECORDS**

FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO TRANSFER OR MAKE AVAILABLE TO:

EDWARD ASSI, D.O., P.A.

PLEASE PRINT

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIGN / DATE \_\_\_\_\_

**TYPE OF RECORDS REQUESTED:**

ALL \_\_\_\_\_ LAB \_\_\_\_\_ EKG \_\_\_\_\_

X-RAYS \_\_\_\_\_ OTHER \_\_\_\_\_

TREATMENT FROM: \_\_\_\_\_ TO \_\_\_\_\_

**CAUTION: CONTAINS CONFIDENTIAL HEALTH CARE INFORMATION**

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