

CMH CARDIOLOGY & PULMONOLOGY

200 East Ferrell Street
South Hill, VA 23970
434-447-2566 Main
434-270-7455 Fax

MEDICAL RECORDS RELEASE

Please fill out and sign form below. By signing below you give CMH Cardiology & Pulmonology permission to send your records to another Doctors Office or send/give records to you if requested.

I hereby request that any information and/or medical records be released from:

CMH CARDIOLOGY & PULMONOLOGY

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Please mark one of the following:

- All Records
- Office Notes, Labs and/or X-rays
- Other (Please Specify)

**Signature of Patient or
Legal Guardian**

Relationship to Patient

Date

Printed Name

Last 4 of SSN

Date of Birth