



Lafayette Heart and Vascular Clinic

433 La Neuville Rd, Youngsville, LA 70592 | Phone: (337) 516-2800 | Fax: (337) 516-2801 | Email: patient@lafayetteheart.com

Medical Records Release Authorization (Request Records TO Lafayette Heart and Vascular Clinic)

I authorize Lafayette Heart and Vascular Clinic, LLC / Dr. Hari Bogabathina to obtain my medical records from: Primary care physician, Other physicians/providers, Labs, Imaging facilities, Hospitals.

Patient Information

Patient Name: _____

Date of Birth: _____ Last 4 SSN: _____

Phone Number: _____

Release Records From

Provider/Facility Name: _____

Address: _____

Phone: _____ Fax: _____

Records Requested (check all that apply)

- Last clinic/hospitalization notes
- Lab results
- EKG reports
- Echo reports
- Catheterization reports
- CT scan reports
- Other reports: _____

Purpose: This authorization is for the purpose of my medical care at Lafayette Heart and Vascular Clinic and/or for obtaining payment for services provided at hospitals and/or other facilities where I was cared for.

Please send above requested records to **Fax: (337) 516-2801**. If you have any questions you can reach Lafayette Heart and Vascular Clinic at **Phone: (337) 516-2800**.

Patient Authorization

Patient Signature: _____ Date: _____

Print Name: _____

If signed by representative, indicate relationship: Parent/Guardian POA Legal Representative Other: _____