

Northwest Cardiovascular Center

Release of Medical Records

From: _____

I, _____ DOB: _____, give permission to transfer my
medical records to:

Mirosław Sochanski, M.D., F.A.C.C., F.S.C.A.I
3115 N. Harlem Ave.
Chicago, IL 60634
Ph: 773-622-5200 Fax: 773-889-6571

5528 N. Milwaukee Ave.
Chicago, IL 60630
Ph: 773-631-2015 Fax: 773-631-2015

Please include all records from _____ to _____, especially
_____.

Patient Signature

Date