

SEVIER HEART CENTER

1240 FOX MEADOWS BOULEVARD

SEVIERVILLE, TENNESSEE 37862

(865) 428-4042

(865) 428-8191 (Fax)

AUTHORIZATION TO RELEASE MEDICAL RECORDS

DATE: _____

TO: _____
Physician/Facility Name

Street Address

City, State, Zip

Telephone Fax

I hereby authorize and request the release of my medical records to Norman E. Liddell, MD.

PRINT
PATIENT NAME: _____

Date of Birth: _____ SS: _____

Signature: _____