



**COLUMBIA UNIVERSITY
MEDICAL CENTER**

The Center for Interventional Vascular Therapy
173 Ft. Washington Ave.
HEART, 4th Floor
New York, NY 10032

Medical Record Release Form

In order for your physician to release your records prior to your office visit, we must have a signed release. Please fill out the attached and fax back to: 212.342.3660 or mail it to: Center for Interventional Vascular Therapy (CIVT) at 173 Ft. Washington Ave., HEART, 4th Floor, New York, NY 10032

Patient's Full Name:		
Date of Birth:		Social Security Number: _____
Referring Physician:		
Phone Number:		
Address:		
Physician at CIVT you are being referred:		

Please send a complete copy of my medical records to: The Center for Interventional Vascular Therapy at Columbia University Medical Center, Attention Dr Manish Parikh

Mailing address:

The Center for Interventional Vascular Therapy
C/O Medical Records
173 Ft. Washington Ave.
HEART 4th Floor
New York, NY 10032

Patient's Name (Please Print)

/

Patient's Signature

Date