



THE ADVANCED CARDIOVASCULAR CENTER OF TAMPA BAY, P.A.

2727 W. Martin Luther King Blvd. Suite 418, Tampa, FL 33607
Phone: 813-875-9900

PATIENT MEDICAL RECORDS REQUEST FORM

PATIENT NAME: _____ DOB: ____/____/____

SS NUMBER: _____ PHONE NUMBER: _____

PATIENT CURRENT
ADDRESS: _____

RECORD(S) REQUESTED: _____

DATE(S) OF SERVICE (mm/year): ____/____ - ____/____

PREFERRED METHOD OF DELIVERY? Please check one.

- Hard Copy mailed to address provided above.
- Pick up in person at office location with Identification:
2727 W. Martin Luther King Blvd. Suite 418, Tampa, FL 33607

Please submit this completed form, in addition to a copy of a valid government issued identification. For any questions or concerns, please call our office.

Patient Signature: _____ Date: _____