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To Release Medical Records

I hereby authorize Trident Cardiology Associate, PA to release any and all medical records pertinent to my medical history amd treatment.

Patients Name: _____

Social Security Number: _____

Date of Birth: _____

Send Records To:

Signature: _____

Date: _____

Witness: _____

Location:

Main Office- 3601 Ladson Road, Suite 100 Ladson, SC 29456

Roper Berkley Office- 300 Callen Blvd., Suite 240 Summerville, SC 29486

Walterboro Office- 302 Medical Park Drive, Suite 212 Walterboro, SC 29488

Monks Corner Office- 730 Stony Landing Road, Suite 200 Moncks Corner, SC 29461

Mt. Pleasant Office- 570 Long Point Road, Suite 240 Mt. Pleasant, SC 29464

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