



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

2715 W. Virginia Ave., 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:  
2715 W. Virginia Ave., 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: \_\_\_\_\_