



CARDIOLOGY SOUTHWEST, P.C.
PROFESSIONAL CARDIAC CARE

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J. Douglas Huggett, D.O. • Ogubay T. Mesmer, M.D. • April Huggett, PA-C

Records Release Authorization

I _____, hereby authorize _____, to release a report of my diagnosis, treatment, prognosis and recommendations, as well as other data pertinent to your treatment of me from _____ to _____. This protected health information is being used or disclosed for the transfer of care to a new physician.

The protected health information may be disclosed to my new physician:

Dr. J. Douglas Huggett, D.O. or Dr. Ogubay Mesmer, M.D.
Cardiology S.W., P.C.
61 North Saint Joseph Ave
Niles, MI 49120
Fax: (269) 683-5384 Phone: (269) 684-6777

Please Print:

Date of Request: _____

Date of Birth: _____

Patient Name _____

Patient Address: _____

Patient Signature

_____ Date: _____

Witness Signature:

_____ Date: _____