



# Heart Vein & Vascular LLC

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## CONSENT TO TRANSFER OF PATIENT RECORDS

I, \_\_\_\_\_, as the patient or authorized representative of the patient, hereby consent to and authorize the transfer of my entire patient files, notes, diagnostic test results and records from Orlando Heart Specialists, P.A. to Dr. Babak Alex Vakili at 2170 West State Road 434, Suite 190, Longwood, Florida 32779. Please advise me if the file must be picked up by me or \_\_\_\_\_ as my representative, or if the file can be transferred directly to Dr. Vakili's office by facsimile to 407-990-1921 or by email to: [support@heartveinvascular.com](mailto:support@heartveinvascular.com).

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient or authorized representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's printed name