

Beats Cardiology
7713 San Jacinto Pl, #200
Plano, TX 75024
Office: 469-409-2601
Fax: 469-409-2570



REGARDING PATIENT

Name: _____

DOB: _____

We are requesting medical records for the above patient.

Please send:

- Office Visit notes/consults – most recent and all for the past year
- Medications
- Echocardiogram – most recent
- Stress test – most recent
- Any relevant cardiac studies or imaging (such as cardiac catheterizations, cardiac CTs, vascular ultrasounds, etc)
- Labs for the past year
- Other:

PLEASE SEND THE ABOVE TO THE FAX NUMBER: 469-409-2570

Patient/guardian/responsible party signature:
