

SUGAR LAND CARDIOLOGY ASSOCIATES, LLP

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FAMILY DISCLOSURE FORM

Date: _____

Name: _____

SS#: _____

DOB: _____

Attn: Sugar Land Cardiology Assoc.

I hereby give Sugar Land Cardiology Assoc. consent to release any medical information to a specified immediate family member.

Patient Signature: _____

Member Name: _____ Relation _____

_____ Relation _____

_____ Relation _____

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