



William P. Algary, M.D., F.A.C.C.,
Retired

Charles D. Ross, M.D., F.A.C.C.

Morris E. Williams, Jr., M.D., F.A.C.C.

Lawrence W. Freeman, M.D., F.A.C.C.

Michael W. Payne, M.D., F.A.C.C.

Gregory W. San, M.D., F.A.C.C.

Brad M. Simpson, M.D., F.A.C.C.

Ned D. Freeman, M.D., F.A.C.C.

John E. Cebe, M.D., F.A.C.C.

Steven D. Johnson, M.D., F.A.C.C.

Jon M. Bittrick, M.D., F.A.C.C.

Barbara A. Morán-Faile, M.D., F.A.C.C.

A. Thomas Siachos, M.D., F.A.C.C.

Christopher H. Smith, M.D., F.A.C.C.

Mark A. Grabarczyk, M.D., F.A.C.C.

Matthew G. Nessmith, M.D., F.A.C.C.

Craig J. McCotter, M.D., F.A.C.C.

Ted A. Stewart, D.O.

Kathryn M. McFadden, PA-C

Amy M. York, PA-C

Michael D. Cade, RN, MSN, FNP-C

Gail Kirby, FNP-C

Vishali Chand, MS, PA-C

Lara Hoshko, MS, PA-C

Caroline Kissam, RN, CCRP,
Research Department Manager

Ronald E. Eskew, Administrator

2 Innovation Drive, Suite 400

Greenville, SC 29607

(864) 235-7665 • Fax (864) 233-5971

114-A Hospital Drive

Simpsonville, SC 29681

(864) 235-7665 • Fax (864) 233-5971

702 North A Street

Easley, SC 29640

(864) 859-9855 • Fax (864) 859-9807

www.upstatecardiology.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO UPSTATE CARDIOLOGY

DATE: _____

PATIENT'S FULL NAME: _____

ADDRESS: _____

DOB: _____ SS# _____

RELEASE RECORDS FROM: _____

PLEASE SEND A COPY OF MY RECORDS AS INDICATED FOR THE

DATE(S) OF TREATMENT: _____

____ OFFICE NOTE ____ EKG ____ PROCEDURE

OTHER _____

PURPOSE OF RELEASING MEDICAL INFORMATION: _____

Signature of Patient, Parent
or Legal Guardian

Witness