



Test Results:

Cardiac Cath Reports

Radiology Reports

Pathology Reports

Laboratory

Cardiac Cath Films

Radiology Images

Pathology Slides

Other

**Records to be disclosed:**

do include

HIV  
do not include HIV-related information

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative (Personal Representative to sign only if patient is a minor or unable to sign on his/her behalf)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Authority: \_\_\_\_\_ Tel. No: \_\_\_\_\_

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

The Mount Sinai Hospital

The Mount Sinai Hospital  
HIM/Medical Records  
One Gust8 reCID 57-BDC q12.48 570.82 58644 10.32 re