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**Veritas Healthcare Solutions**  
5046 Highway 17 S Bypass, Suite 100  
Myrtle Beach, SC 29588-4503  
(P) 843-293-5100 (F) 843-293-5101



# Physician Referral

Refer to: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

## Patient Information

Patient Name: \_\_\_\_\_

Patient Birthday: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Holder's Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

(2nd) Insurance Company: \_\_\_\_\_

(2nd) Insurance Policy Holder's Name: \_\_\_\_\_

(2nd) Insurance Policy Number: \_\_\_\_\_

Reason for referral:

**Please contact this patient to schedule an appointment. Thank you.**

*Please feel free to contact me in the office with any questions at (843) 293-5100  
or via fax at (843) 293-5101*

Provider Signature: \_\_\_\_\_

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# Records Release

## Authorization for Release of Medical Records

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### Release Records

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
P# \_\_\_\_\_ F# \_\_\_\_\_

To: Veritas Healthcare Solutions  
Veritas Cardiovascular and Internal Medicine  
5046 Highway 17 Bypass South, Suite 100  
Myrtle Beach, SC 29588-4503

### Information to be Released:

- Medical Record
- Immunization Record
- Mental Health Record
- Medication List
- Other: \_\_\_\_\_

All Service Dates:   
Dates of Service: \_\_\_\_\_ any/all

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
patient/parent/guardian

### Verification of Information Released

Name and Title of person who released records: \_\_\_\_\_

- Sent by mail on (date): \_\_\_\_\_
- Faxed To (number): \_\_\_\_\_ on (date): \_\_\_\_\_
- Picked up by (name): \_\_\_\_\_ on (date): \_\_\_\_\_

I understand the information disclosed by this authorization may be re-disclosed by the recipient and no longer protected by HIPPA. This office, its employees and physicians are released from any legal responsibility for disclosure of information to the extent indicated and authorized.

The information enclosed herein includes Protected Health information of one or more individuals. This information is highly confidential and is protected by the provisions of the federal HIPPA Privacy Rules. No one except the intended recipient of this information is entitled to see its contents.