

Please complete all boxes and mail to:
The UNC Alumni Heart Study
 Behavioral Medicine Research Center
 2212 Elder ST, Building F
 Durham, NC 27705
 Or FAX to
 (919) 681-8960
 Attn: UNC Alumni Heart Study

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
 to THE UNC ALUMNI HEART STUDY**

Your Full Name:

Your Date of Birth: / / Your Social Security #: - -

Your Study ID#: (found near your name on address labels or questionnaires)

We are seeking medical records for the following:

<p style="text-align: center;"><u>Events</u></p> <p>Coronary Artery Disease (blocked arteries) Heart Attack Stroke</p>	<p style="text-align: center;"><u>Procedures:</u></p> <p>Angioplasty (PTCA) Stent placement By-pass Surgery (CABG) Atherectomy Heart Catheterization (Angiography)</p>
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Please complete the following for the above and ANY OTHER subsequent cardiac conditions/procedures (including Catherizations with NORMAL results):

<i>Event or Procedure</i>	<i>Hospitalization Dates (month/day/year)</i>	<i>Hospital Name/Address (City and state)</i>	<i>Doctor</i>

I hereby authorize the above doctor(s) and hospital(s) to release copies of all medical records (clinic notes, discharge summaries, etc.) relating to the above doctor visit(s) and hospitalization(s) to the UNC Alumni Heart Study.

Please sign your name:

Today's Date: / /

Thank you!