

# Southwest

CardioVascular Associates

## THE PEDAL LOOP SPECIALISTS

Southwest CardioVascular Interventional Center  
Southwest EndoVascular Center

Medical Records Email: [mr@swcva.com](mailto:mr@swcva.com)  
[www.swcva.com](http://www.swcva.com)

**Charles M.T. Jost, MD.**  
*Interventional Cardiologist, Principal*  
**Michael D. Barry, DO.**  
*Interventional Cardiologist*  
**Nachiket Patel, MD.**  
*Interventional Cardiologist*  
**Stuart C. Lipskind, MD.**  
*Interventional Cardiologist*  
**Kirk D. Minkus, MD.**  
*Interventional Radiologist*  
**Michelle Gentsch, ACNP**  
**Kelli DuCray, ACNP**

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

DOB: \_\_\_\_\_

I understand by signing this I am authorizing SWCVA to release my specified medical information to those listed below. I also understand my request has a minimum of 5-7 business days to be processed.

Name	Phone #	Fax # or Email	Records: (example->imaging, office visits, procedures, all etc.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date