



12409 W. Indian School Rd., Bldg E
Avondale, AZ 85392
(623) 536-5353 phone
(623) 536-5829 fax

Release of Medical Records

Name of Patient: _____ DOB: _____

Patient Address: _____

Patient Home Phone: _____ Patient last 4 digits of SS#: _____

I authorize my Medical records to be released from:

Phone: _____ **Fax:** _____

To disclose to Sun Valley Family Practice, medical records regarding my treatment, hospitalization and outpatient care or any information that may be pertinent in my patient healthcare.

Please Release the following records:

Consultation Reports Lab Reports Radiology Reports

Progress Notes Procedure Reports X-ray Reports

Surgical Reports H & P Reports ER Reports

Discharge Summery Medication Lists All Records

Other _____

Please Fax to 623-536-5829 Please mail to the above address.

Patient Signature: _____ **Date** _____

(Parent or Legal Guardian if patient is a minor)