



8205 N. Via De Negocio Dr., Scottsdale, AZ 85258  
Phone 480-451-3668 Fax 480-451-3669

## Medical Records / X-ray Release Authorization 2015

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Request is for:       Medical Records       X-rays

Specify Records/X-rays needed: \_\_\_\_\_  
\_\_\_\_\_

### RELEASE TO:

Myself as Patient / Parent / Legal Guardian of Patient

Dr. John Nassar @ fax 480-451-3669

Other:

### OBTAIN FROM:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Relationship (if other than patient)  
\_\_\_\_\_