

**Arizona Endocrinology Center**

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**RELEASE OF RECORDS**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release a copy of: (please circle one) all my records lab reports pertaining to my case to:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

**Patients- do not mark this box, unless you want a copy of your medical records for yourself, as there is a fee.**

I am requesting a copy of medical records for myself. I understand that there will be a \$15.00 fee which must be paid prior to mailing or at time of pickup. Turnaround time for record requests is 5-7 business days. Arizona Endocrinology Center does NOT release records received from other healthcare providers.

- Mail to patient                       Patient to pick up
- Fax to above listed name         Mail to above listed name

\_\_\_\_\_  
**Patient Name (please print)**

**Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_

**Do you plan to follow-up with our office?    Yes    No**

**Please allow 5-7 business days.**