FAMILY MEDICINE & AESTHETICS

Arneyo Perez, M.D.

20945 N. Pima Road, Suite 110, Scottsdale, AZ 85255
Phone 480.800.3550 Fax 480.800.3551

Authorization for Request of Medical Information

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TO: Provider/Facility

____
Street City State Zip

Phone #: _______________________________ Fax #:_________________________________

I, ____, hereby request that you release the indicated medical records to DC Ranch Family Medicine, PLLC.

INFORMATION TO BE RELEASED: ☐Complete Records ☐Other: ___________________

Requested Fulfillment Date: ____________________ *Do not send CD's*

____ __________________________
Patient Name *(please print)* Date of Birth

____
Street City State Zip

Office Use Only	Date	Initials
☐ Initial Request		
☐ 2nd Request		

____
Patient/Guardian Signature

____
Date