

Northern Arizona Gastroenterology, PC
77 West Forest Avenue, Suite 210
Flagstaff, AZ 86001
Phone: 928-773-2547 or 800-859-2547
Fax: 928-773-2548

Records Release Authorization

Patient's name: _____ DOB: _____

Describe records requested:

Treatment dates: From _____ To _____

I wish to obtain a copy of the requested records from Northern Arizona Gastroenterology. Please send my records to:(name)_____
Address or fax information:_____

I wish for my records from another physician be released to Northern Arizona Gastroenterology. Name of physician:_____
Address:_____

Phone number:_____
Fax number:_____

If you have any questions, please contact our office by phone.

Patient information:

Patient signature:_____ Date:_____

For the personal representative of the patient:
Print the name of the personal representative:_____
Relationship to the patient:_____ Date:_____

I certify that I have the legal authority under applicable law to make this request on behalf of the patient identified above.

Signature of the personal representative:_____

NOTE: This request expires one-year from date of signing.