Synergistic Healthcare, PLLC
1100 N San Francisco Street, Ste A,
Flagstaff, AZ 86001

Record Release

Authorization for Release of Records

Office Phone: 928-774-1332
Office Fax: 928-774-0042

REQUESTING RECORDS FROM:

Name of Physician: * _____

Name of Clinic: * _____

Address of Clinic: * _____

_____

_____

_____

Telephone: * _____

Fax: * _____

NAME OF PATIENT (Please Print): _____

Date of Birth: _____

PLEASE RELEASE THE FOLLOWING RECORDS:

Starting on this day/year: _____

Ending on this day/year: _____

Health Records * ☐ Yes ☐ No

X-Rays ☐ Yes ☐ No

Labs: ☐ Yes ☐ No

Other _____

Requested by:

X Dr. Jacqueline Poulos, NMD

PATIENT SIGNATURE : _____

Date Requested: _____

Date Sent: _____