

Sonoran Endocrinology
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Glendale, AZ 85308

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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 may 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 day**. Sonoran 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.