THUNDERBIRD INTERNAL MEDICINE
SUMMIT MEDICAL GROUP ARIZONA

AUTHORIZATION TO OBTAIN RECORDS; NEW PATIENT INTERNAL MEDICINE

I, **NAME**_____ _____ _ ,**DOB**, _____ , authorize Thunderbird Internal Medicine Summit Medical Group Arizona to obtain all my medical records which may include information concerning communicable diseases such as HIV, AIDS, mental illness (except psychotherapy notes), chemical/alcohol dependency and Diagnosis and treatment information from:

Doctor Name (First and Last) _____ Practice: _____

Address: _____

Phone:_____ Fax: _____

Social Security #:_____Disclosure of information is requested for the purpose of:_____
Records are to be released to the following: (check one) *** Please use Specialty Authorization form for our Specialty Providers***

❑ Joel Metelits, M.D	❑ Karen Wetherell, M.D.	❑ Kim Lucas, M.D.	❑ Ethiopia Gebeyehu, M.D
❑ Trinh Doan, M.D.	❑ Prineet Tung, M.D	❑ James Carpenter, M.D.	❑ Kimberly Brandstetter, D.O
❑ Narendra Godbole, M.D.	❑ Grace Yu, M.D	❑ Mindy Taber, M.D	.
❑ Robert Swierupski, M.D.	❑ Dan Schlosser, M.D.	❑ Angela Felix, D.O.	
❑ Joshua Millstein, D.O.	❑ Vicky Chen-Yang, M.D.	❑ David Warfield, M.D.	

This authorization is for the release of records pertaining to my care and treatment as indicated below:

Most recent:
- ✓ H&P/Com Exam from PCP
- ✓ Med List
- ✓ Consultation from each specialist
- ✓ Hospital H&P
- ✓ Hospital Discharge Summary
- ✓ Sleep Study
- ✓ Colonoscopy
- ✓ Mammogram
- ✓ Dexa
- ✓ Pap
- ✓ EKG
- ✓ Echocardiogram
- ✓ PFT

Last 2 years:
- ✓ Diagnostic Imaging/Radiology
- ✓ Cardiac Testing
- ✓ Operative/Procedure Reports
- ✓ Pathology Reports
- ✓ Lab Reports

All:
- ✓ Medical Summary/Problem list
- ✓ Immunization Records

Patient/Guardians Signature: _____ Date: _____

Witness's signature: _____ Date: _____

EXPIRATION DATE OF THIS AUTHORIZATION: _____

For the protection of the patient-this is not a valid release if not witnessed and if not entirely complete. This authorization is valid for 6 months unless revoked in writing. It cannot be revoked retroactively for information already released. **If any portion of this authorization is returned incomplete, there will be a delay in the processing of this request until completion.**

NOTICE TO THE PATIENT: Please make arrangements with your previous physician(s) office to obtain any records for personal use. Thunderbird Internal Medicine does not provide such copies to our patients. Our physicians only retain what they feel is medically necessary from these records, thus we do not retain a complete set. In addition, prior to providing our office with any records you may already have, please retain a copy for yourself.

Please fax back this form with records attached to 602-938-6069. Thank you

5620 W. Thunderbird Rd. Suite F1, Glendale, AZ 85306 Phone: 602-938-6960 Fax: 602-938-6069
www.thunderbirdim.com

Last Revised 5/23/18