Thunderbird
INTERNAL MEDICINE
A DIVISION OF ARIZONA
PRIMARY CARE PHYSICIANS, LLC

Established Patient Authorization to obtain records for continuing care with treating physician

I, _____, authorize Thunderbird Internal Medicine to obtain my medical records (list3ed below) 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: _____
(First name) (Last name)
Address: _____

Phone/Fax: _____
Records are to be released to the following (Check one below):

☐ Joel Metelits, M.D	☐ Karen Wetherell, M.D.	☐ Kim Lucas, M.D.	☐ Angela Felix, D.O.
☐ Trinh Doan, M.D.	☐ Angela Shreves, M.D.	☐ James Carpenter, M.D.	☐ David Warfield, M.D.
☐ Narendra Godbole, M.D.	☐ Grace Yu, M.D	☐ Mindy Tatera, M.D	☐ Ethiopia Gebeyehu, M.D.
☐ Robert Swierupski, M.D.	☐ Dan Schlosser, M.D.	☐ Kimberly Brandstetter, M.D.	☐ Prineet Tung, M.D.
☐ Joshua Millstein, D.O.	☐ Vicky Chen-Yang, M.D.	☐ Mariel Bird, D.O.	☐ Darry Johnson, M.D.
☐ Thomas Habiger, M.D.	☐ John Tassone, DPM	☐ Deborah Blaylock, Au.D	☐ Sharon Alguire, PA-C
☐ Jessica Lucente, PA-C	☐ Christina Szabo, ANP-C	☐ Sara Barrett, FNP-C	

Check what is being requested below. Please be sure to include date of service.

☐ Colonoscopy	☐ Immunization Records	☐ Other Diagnostic Imaging (list):
☐ Consultation reports	☐ Lab reports	
☐ Dexa/Bone Density	☐ Mammogram	
☐ Echocardiogram	☐ Medical Summary	
☐ EEG report	☐ Medication List	
☐ EGD	☐ Operative report	
☐ EKG report	☐ Pap	
☐ EMG/Nerve study	☐ Pathology report	☐ Other not listed (list):
☐ ER Consultation	☐ PFT	
☐ H/P w/ Problem List	☐ Sleep Study	
☐ Hospital Consultations	☐ Hospital Discharge Summary	

Disclosure of the information is requested for the purpose of: _____

Patient's date of birth: _____ Social Security #: _____

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.

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