

NEW PATIENT INTERNAL MEDICINE AUTHORIZATION TO OBTAIN RECORDS

I,			obtain my medical records which may include
information concerning commun treatment information from:	icable diseases such as HIV	, AIDS, mental illness (except psychotherapy	notes), chemical/alcohol dependency and Diagnosis and
Doctor:			
(First name) Address:		(Last name)	
Phone/Fax:			
Records are to be released to the f	ollowing: (Circle one below):	***Please use Specialty Authorization	form for our Specialty Providers***
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, D.O	Prineet Tung, M.D.
Joshua Millstein, D.O.	Vicky Chen-Yang, M.D.).	
This authorization is for the releas	e of records pertaining to my	care and treatment as indicated below:	
Most recent: ☑ H&P/Comp Exam fro ☑ Med list ☑ Consultation from eacl ☑ Hospital H&P ☑ Hospital Discharge Su ☑ Sleep Study ☑ Colonoscopy ☑ PFT ☑ Mammogram ☑ Dexa ☑ Pap ☑ EKG ☑ Echocardiogram	n specialist	Last two years: ☑ Cardiac Testing ☑ Operative/Procedure Reports ☑ Lab Reports ☑ Diagnostic Imaging/Radiology ☑ Pathology Reports All: ☑ Immunization Records ☑ Medical Summary/Problem List	
Disclosure of the information is r	equested for the purpose of: _		
Patient's date of birth:		Social Security #:	
Patient/Guardians Signature:		Date:	
Witness's signature:		Date:	
EVDIDATION DATE OF THIS	AUTHODIZATION.		

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.