



AUTHORIZATION TO OBTAIN RECORDS - CONTINUATION OF CARE

I, NAME _____, DOB _____, authorize Thunderbird Internal Medicine Summit Medical Group Arizona to obtain 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 Name: _____

Address: _____

Phone: _____ Fax: _____

Social Security #: _____ Disclosure of information is requested for the purpose of: _____

Records are to be released to the following (check one):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Joel Metelits, M.D. | <input type="checkbox"/> Prineet Tung, M.D. | <input type="checkbox"/> Dan Schlosser, M.D. | <input type="checkbox"/> Sharon Alguire, PA-C |
| <input type="checkbox"/> Narendra Godbole, M.D. | <input type="checkbox"/> David Warfield, M.D. | <input type="checkbox"/> Joshua Millstein, D.O. | <input type="checkbox"/> Christina Szabo, ANP-C |
| <input type="checkbox"/> Trinh Doan, M.D. | <input type="checkbox"/> James Carpenter, M.D. | <input type="checkbox"/> Kimberly Brandstetter, M.D. | <input type="checkbox"/> Jessica Lucente, PA-C |
| <input type="checkbox"/> Karen Wetherell, M.D. | <input type="checkbox"/> Kim Lucas, M.D. | <input type="checkbox"/> Thomas Habiger, M.D. | <input type="checkbox"/> Samantha Murphy, PA-C |
| <input type="checkbox"/> Ethiopia Gebeyehu, M.D. | <input type="checkbox"/> Mindy Taber, M.D. | <input type="checkbox"/> Darry Johnson, M.D. | <input type="checkbox"/> LuAnne Kelly, ANP-BC |
| <input type="checkbox"/> Robert Swierupski, M.D. | <input type="checkbox"/> Vicky Chen-Yang, M.D. | <input type="checkbox"/> John Tassone, DPM | |
| <input type="checkbox"/> Angela Felix, D.O. | <input type="checkbox"/> Grace Yu, M.D. | <input type="checkbox"/> Deborah Blaylock, AuD | |

Check what is being requested below. Please be sure to include date of service (MM/YY).

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

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