Tuscany Children Clinic

Phone: (928) 366-1026
Fax: (928) 366-1028
www.TuscanyChildrenClinic.com
2525 W 28th St, Ste A
Yuma, AZ 85364

Medical Records Release

Patient Information:

Patient Name: ______________________ Date of Birth: ______________

Address: ____

City: ______________________ State: ________ Zip Code: ______________

Phone Number: ____

Reason for Release:

- ❑ Attorney ❑ Insurance ❑ Provider ❑ Personal ❑ Exchange/ Communication
- ❑ Transfer of care. Please indicate the reason for transfer and the last date seen:

____

Information Requested:

- ❑ Immunization records.
- ❑ All medical records for a specific period: Form: ______________ To: ______________
- ❑ All medical records for all dates of service.
- ❑ Imaging reports.
- ❑ Lab reports.
- ❑ Other: ____

Tuscany Children Clinic ❑ will send records to / ❑ will receive records from:

Tuscany Children Clinic
2525 W 28th St, Ste A
Yuma, AZ 85364
Phone: 928-366-1026
Fax: 928-366-1028

Name: ____

Address: ____

City: ____

State: ______________________ Zip Code: ______________

Phone: ____

Fax: ____

Authorization:

I, the undersigned, consent to the release of information and will adhere to the policies set forth by Tuscany Children Clinic.

Parent/Legal Guardian (if under 18 years old): ______________________________

Signature of Patient or Responsible Party: ______________________ Date: ______________