



# Tuscan Children Clinic

www.TuscanChildrenClinic.com  
info@TuscanChildrenClinic.com

2851 S Ave B Ste 19  
Yuma, AZ 85364  
Phone: (928) 366-1026  
Fax: (928) 366-1028

## Medical Records Release

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Phone Number: \_\_\_\_\_

Reason for Release:    Transfer of care                  Personal

If a transfer, please indicate the reason for transfer and the last date seen:

\_\_\_\_\_

### Information Requested:

- Immunization records
- All medical records (Specify dates of service) From: \_\_\_\_\_ To: \_\_\_\_\_
- All dates of service
- Lab reports

### Tuscan Children Clinic will send records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Tuscan Children Clinic will receive records from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please mail records to the address listed below. Thank you.**

**Tuscan Children Clinic  
2851 S. Avenue B Suite 19  
Yuma, AZ 85364**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Policy: If the above requested copies of patient medical records are for personal use (not physician to physician) there is a charge that is to be paid at the time of request.**