T E N T

TUCSON
EAR, NOSE & THROAT

East Office
6567 E. Carondelet Dr.
Suite 515
Tucson, AZ 85710
(520) 296-8500

Northwest Office
6320 N. La Cholla Blvd., Suite 300
Audiology - Suite 350
Tucson, AZ 85741
(520) 575-1272

Central Phone: (520) 296-8500 www.tucsonent.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS FROM TUCSON ENT ASSOCIATES, PC

PATIENT INFORMATION(PLEASE PRINT):

Name:_____ Date of Birth:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone:_____

RELEASE MY MEDICAL RECORDS FROM:
TUCSON ENT ASSOCIATES, PC
6567 E CARONDELET, STE 515
TUCSON, AZ 85710
ATTENTION: SHAUNA
(520) 296-2454, EXT 1130
FAX NUMBER: (520) 495-7508

TO:
PATIENT/LEGAL GUARDIAN OR PHYSICIAN
(Please circle only one)

Name:_____ Date of Birth:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Fax:_____ Phone:_____

Please release a copy of all my medical records, including but not limited to, progress notes, operative notes, laboratory results and diagnostic test results.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Patient or Legal Guardian:_____Date:_____

The PHI contained in this letter is HIGHLY CONFIDENTIAL.
Any other use is a violation of HIPAA and will be reported as such.