



Scottsdale Obstetrics and Gynecology, P.C.

Eric Reuss, MD

7331 E.Osborn Dr.
STE.305

Scottsdale, AZ 85251

480-945-4849 or fax.480-945-0989

Authorization for the Release of Medical Records From Scottsdale Obstetrics and Gynecology, P.C.

7331 E.Osborn Dr.

STE.305

Scottsdale, AZ 85251

480-945-4849 or fax.480-945-0989

Patient Name: _____

Date of Birth: _____ SSN#: _____

Address: _____

Telephone Number: _____

2nd Option

Transfer of Care

Other

If Other, please specify: _____

I authorize the release of records, including those which may contain confidential HIV/AIDS related information (testing, diagnosis, or treatment), confidential communicate disease related information, information related to mental health, and/or alcohol, drug use, and treatment thereof.

Photocopies of Information to be released

Medical Records
Operative Report

Consultation
Mammography Results

Discharge Summary
Pathology

Laboratory Results
Ultrasound Results

Other: _____

(Dr. or Clinic Name)

(Phone Number)

(Fax Number)

(Address)

I hereby authorize Scottsdale Obstetrics & Gynecology, P.C. to Release of the above requested information relative to my treatment and care to _____

Patient Signature: _____ Date: _____

If records will be forwarded to another physician, there will be no charge. In all other situations, there will be a \$40.00 processing fee. We accept cash, check, credit car (MC or Visa) and this can be paid at the time of pickup.

All records release requests will be processed 7 to 10 business days following the physician's sign off.

Thank you.