



# 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 To 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 \_\_\_\_\_ to Release of the above requested information relative to my treatment and care to Scottsdale Obstetrics & Gynecology, P.C.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If records will be forwarded to another physician, there will be no charge. In all other situations, there will be a \$35.00 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.