



West Horizon Medical Center

395 N. Silverbell Rd, Suite 245 Tucson AZ 85745

Tel: (520) 622-7675 Fax: (520) 628-1024

Authorization to Release Medical Information

I hereby authorize

Doctors Name

Doctors Address

Doctors Telephone

Doctors Fax

to divulge and
release my entire
medical chart to:

**Surekha Bandlamuri, MD
West Horizon Medical Center
395 N. Silverbell Rd, Suite 245
Tucson, AZ 85745**

I authorize to release my complete medical chart (records) to West Horizon Medical Center. This authorization includes progress notes, labs, imaging test results, Rx, drug and alcohol abuse, mental health, Diagnosis / Treatment of HIV, HIV-related illness, AIDS, AIDS-related illness and communicable disease related information.

To be filled by Patient or Responsible Party

Patient Signature

Date

Patient Print Name

Date of Birth

**We prefer to receive medical
records in electronic format
(CCD File) on (CD/DVD) as we use
eClinicalWorks EMR.**