



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

Form with three horizontal lines for doctor information.

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.