



West Horizon Medical Center

1601 N. Tucson Blvd, Ste 18 Tucson AZ 85716

Tel: (520) 622-7675 Fax: (877) 870-9161

Authorization to Release Medical Information

I hereby authorize Surekha Bandlamuri, MD
West Horizon Medical Center
1601 N. Tucson Blvd, Ste 18
Tucson, AZ 85716

to divulge and release all information concerning my medical history and examinations to:

Name _____
Address _____
Telephone _____
Fax _____

In addition to the general authorization to release medical records, I further authorize release of the following information if it is contained in my medical record: (please initial each line)

	May be Released	May not be Released
Drug and Alcohol Abuse	_____	_____
Mental Health	_____	_____
Diagnosis / Treatment of HIV, HIV-related illness, AIDS, AIDS-related illness and communicable disease related information	_____	_____

Purpose of Disclosure /Reason for Request _____

Treatment Dates/Range of Dates or Services to be Released From _____ To _____

To be filled by Patient or Responsible Party

Patient Signature

Date

Patient Print Name

Date of Birth