

*Arizona Endocrinology Center*  
Phone (602) 439-9000 Fax (602) 978-5233  
15640 N. 28<sup>th</sup> Drive  
Phoenix, AZ 85053

Chet Monder, MD.  
Richard O. Dolinar, MD.  
Radhika Vattikuti, MD.  
Hyun-Suk Chong, MD.  
Amanda Sherwin, RD.  
Anh Nguyen, MD.

Stefan Hasinski, MD.  
Carrie A. Phillips, MD.  
Meera C. Menon, MD.  
Yasmin Akhunji, MD.  
Maja Davidson, MD.  
Heike Hilker, PA.

## RELEASE OF RECORDS

I, \_\_\_\_\_, authorize \_\_\_\_\_ to  
release a copy of: \_\_\_\_\_ pertaining to my case to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Please send the requested records by fax to the facility listed above, unless stated otherwise. If the records are more than 25 pages please mail to the address above.

_____ Mail to patient	Date mailed: _____
_____ Patient to pick up	Date Picked up: _____
_____ Fax to above name	Date faxed: _____

\_\_\_\_\_ Original ultrasound pictures have been released to the patient. Patient is responsible for returning the pictures to our office.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Do you plan to follow up with our office?      Yes      No**

Please allow 5-7 Business days for us to complete your request.