



14300 W. Granite Valley Drive, Ste D20
Sun City West, AZ 85375
P: (623)225-7164 F: (623)230-2086

Medical Records Release Authorization

Patient Name: _____ Birth date _____

Patient Address _____

City _____ State _____ Zip _____

Phone _____

Please check all information to be released:

- | | | |
|---|---|---|
| <input type="checkbox"/> Entire record | <input type="checkbox"/> Laboratory results | <input type="checkbox"/> Imaging reports |
| <input type="checkbox"/> Office visit notes | <input type="checkbox"/> Operative notes | <input type="checkbox"/> Prenatal Records |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Dates of treatment _____ | | |

Please release records to:

Northwest Women's Care
Dr. Salina Baldwin, D.O.
14300 W. Granite Valley Drive, Ste D20
Sun City West, AZ 85375
P: (623)225-7164 F: (623)230-2086

I authorize the practice/physician written below to release the requested records to the Northwest Women's Care.

Physician/Practice Name _____

Practice Address _____

Office Number _____

Office Fax _____

Authorized signature _____ **Date** _____