

# Arizona Specialized Gynecology

Joseph Brooks, MD

Wende Scholzen WHNP-BC

300 W. Clarendon ave #100

Phoenix, Arizona 85013

Phone: 602-265-1112

Fax: 602-264-4101

## Medical Records Release Form

I authorize Arizona Specialized Gynecology to release and/or receive my personal confidential health information. By signing this form, I understand releasing a copy and/or summary of my medical records to the provider/facility/entity listed below may include my history of any sexually transmitted diseases and/or any other gynecological health related issues.

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sending Records

Requesting Records

**The information you may release subject to this signed release form is as follows:**

Complete Medical records

Lab Reports

Pathology Reports

Operative Reports

Consultations

Other

**Release/Receive my confidential health information to/from the following provider/facility/entity:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date