BURNS INTEGRATIVE WELLNESS CENTER

# Burns Integrative Wellness Center

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Phoenix AZ 85085

Office: 623-252-0376
Fax: 623-399-1059

## Authorization for Release of Records



Patients Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____

Home Phone _____

Office Phone _____

## Requesting Records From:

Doctor _____

Business Name [if applicable] _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

## I Authorize You to Furnish a Copy Of:

☐ Health Records ☐ One Year ☐ Other _____

☐ Imaging ☐ X-Ray ☐ CT Scan ☐ MRI ☐ PET Scan ☐ SPECT Brain Scan ☐ Ultrasound

_____

_____

☐ Laboratory Results _____

☐ Other _____

_____

_____

## Release Signature

Signature Patient _____ Date _____