

Rex OBGYN
2020 W. 16th St
Safford, AZ 85546
Phone: 928-424-4444 Fax: 928-770-5356

Medical Record Release/Request Form

Patient's Name: _____

SS #: _____ DOB: _____

Records From:

Record To:

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Type of Records Requested

Time Period (If Applicable):

Lab Tests

X-ray Reports

Operative/ Pathology Report

Office Notes

Obstetrics Records

History & Physical

Other _____

I, (please print) _____, authorize the release of my medical information to the recipient listed above.

Patient's Signature: _____ Date _____