

North Scottsdale Internal Medicine
Mark J. Lewis MD, PLC
8575 E. Princess Dr., Suite 109
Scottsdale, AZ 85255
Phone (480) 502-9355
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www.nsmedicine.com

**Medical Records Request and
Authorization to Release Health Care Information**

Patient name: _____ Date of Birth: _____
Previous name: _____ Social Sec #: _____

I request and authorize my prior physician and their office staff to release the health care information of the patient named above TO:

Mark J. Lewis, MD, PLC
8575 E. Princess Dr., Suite 109
Scottsdale, AZ 85255

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Fax 480 502 6017
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Previous Doctor Information:

Name: _____ Specialty: _____
Address: _____
Phone: _____ Fax: _____

This request and authorization applies to (check any that apply):

FOR THE LAST TWO YEARS ONLY:

____ Consult Notes (2 yr) ____ Progress Notes (2 yr) ____ Vaccine record (entire)
____ Discharge summary ____ EKG's (2 yr) ____ Colonoscopy (last 1)
____ Xrays/CTs/MRIs (2 yr) ____ Dexa/Mammo/Pap (3 yr) ____ Labs (2 yr)
____ Stress test (last 1) ____ Echocardiogram (last 1)
____ Other _____

Of note to our patients, while we review medical records we receive from outside sources to the best of our ability and we incorporate the most pertinent information into our electronic records, not all of the medical records from other offices will be maintained by our office. Any records that you have or want for yourself should be copied and kept in your personal files.

Patient Signature: _____ Date: _____