20340 N. Lake Pleasant Rd, Suite 109
Peoria, AZ 85382
Tel 623-299-9988
Fax 623-328-7804
www.tridenthealthcenter.com

TRIDENT
Health Center

Medical Records Request/Release Form

Patient Name: _____ Date Of Birth: _____

Records Request From:

Name of Office or Provider: _____

Address: _____

Phone: _____

Fax: _____

☐ All Medical Records

☐ The Last Two Office Notes and Last Two Labs and Imaging

☐ Only Those Pertaining To the Following: _____

****FAX RECORDS TO: (623)328-7804 or (623)328-7888**

I understand that this information release may include sensitive information and I authorize the release of copies from the following office.

_____
(Print Patient Name)

_____ _____
(Patient /Guardian Signature) (Today Date)