# Arizona Orthopedics and Fracture Surgeons

**Dr. Charles M Creasman, M.D.**

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## REQUEST FOR RECORDS

Patient Name___________________________ Medical Record #________________________

Address________________________________ Date of Birth___________________________

________________________________ Social Security #________________________

Phone #_______________________________

I hereby authorize:

**Arizona Orthopedics and**
**Fracture Surgeons**
**444 W. Osborn Road, Suite 200**
**Phoenix, AZ 85013**
**(P) (623) 562-3641**
**(F) (623) 562-3640**

To **release/obtain** copies of medical records concerning the above named patient **to/from**:

_______________________________________________________
Physician or Person(s)

_______________________________________________________
Address City, State Zip

__________________________ __________________________
Phone Fax

Information to be sent:

- ◻ Entire Medical Record
- ◻ Chart Notes
- ◻ Billing Statement
- ◻ MRI, EMG or other testing
- ◻ Mental Health Notes
- ◻ Operative Reports

The authorization will expire 12 months from the date of signature unless the patient has specified a shorter duration.
Shorter duration expiration date:______________________________ (MM/DD/YY)

I have given my consent freely, voluntarily and without coercion. I understand that a photocopy of this authorization is considered acceptable in lieu of the original.

______________________________________________________ ________________________
Patient's Signature Date

______________________________________________________ ________________________
Parent/Legal Authorized Representative Date

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I hereby authorize the release of copies of any or all medical records and/or x-ray films that are in your possession. For the purposes hereof, "Medical Records" and "X-Ray films" shall include all confidential HIV-Related information (as defined in A.R.S. Section 36-66) confidential communicable disease-related information (as defined in A.R.S. Section 36-661) confidential alcohol or drug abuse related information (as defined in 42 CER Section 21 ET SEQ) and confidential mental health diagnosis/treatment information.