☐ **STAT** (If indicated)

SEVG

SOUTHEAST VALLEY GASTRO

875 S. DOBSON RD. CHANDLER, AZ 85224 (480) 899-9800 FAX (480) 899-2994

2730 S. VAL VISTA DRIVE STE. 158 BLDG. 10 GILBERT, AZ 85296 (480) 782-5005

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. CHRISTINA SLOAN, P.A.-C MOLLY WYANT,PA-C JESSICA LAURINO, P.A.-C JENNIFER SPOHN, PA-C KELLY M. KOLLMAN, PA-C

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, allow Southeast Valley Gastroenterology Consultants to release or receive any necessary medical records, including pathology material.

_____ Date:_____

Patient's Signature

Date of Birth: _____ SEVG Physician: _____

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FOR OFFICE USE ONLY:

I authorize Southeast Valley Gastroenterology to **obtain** or **release** information from:

_____

Name of Provider or Facility

_____

Address

Phone:_____**Fax:**_____

FOR THE PURPOSE OF: (Check all that apply)

☐ Continuing Care ☐ Referral to Specialist ☐ Worker's Comp ☐ Insurance

☐ Legal Investigation ☐ Change of Doctor ☐ Other (specify):_____

INFORMATION TO BE RELEASED (*Please check ALL that apply and specify dates*):

☐ Clinic Visit Notes _____ ☐ Discharge Summary _____

☐ Lab Reports _____ ☐ X-ray/Scans _____

☐ Operative Reports _____ ☐ Hospital Visit Record_____

☐ Pathology Reports _____ ☐ ER Visit Record _____

☐ Other (Please specify) _____

_____

Date	Initial Request	2nd Request	3rd Request
Requested for:	**CS**	**AB** **MA** **SP** **YP**	