



HEAD & NECK
SURGEONS

MEDICAL RECORDS REQUEST FORM

Tax ID# 86-0901377

PHOENIX OFFICE
2222 E. Highland Ave.
Suite 204
Phoenix, AZ 85016
Phone (602) 264-4834
Fax (602) 254-5178

SCOTTSDALE OFFICE
6565 E. Greenway Pkwy.
Suite 101
Scottsdale, AZ 85254
Phone (480) 948-2336
Fax (480) 948-7016

AHWATUKEE OFFICE
4545 E. Chandler Blvd.
Suite 202
Phoenix AZ 85048
Phone (480) 659-2330
Fax (480) 659-2544

GLENDALE OFFICE
5750 W. Thunderbird Rd.
Suite A-100
Glendale, AZ 85306
Phone (602) 938-3205
Fax (602) 938-5799

MESA OFFICE
1520 S. Dobson Rd.
Suite 305
Mesa, Arizona 85202
Phone (480) 539-4000
Fax (480) 539-7033

Date: _____ AOC Physician: _____

Patient Name: _____ DOB: _____

Patient Phone: _____

I hereby request that my medical records be released from:

Doctor/Other Party Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

I hereby request my records be released to:

Doctor/Other Party Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Specific records being requested: _____

Patient/Guardian Signature: _____ Date: _____

Medical Records Clerk Signature: _____ Date Sent: _____