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| Scottsdale Location 8630 E. Via De Ventura Suite 201 Scottsdale, AZ 85258 | Mesa Location 3130 E. Baseline Rd. Suite 101 Mesa, AZ 85204 |
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Request for Release of Medical Records
Have your records sent to Advanced Knee Care

Patient: _____ **DOB:** ___ / ___ / ___
Address: _____
SSN: _____ **Phone:** _____

I hereby authorize the release of my medical records to Advanced Knee Care.

My treating physician is Dr. Stefan Tarlow

Information needed:

Healthcare information relating to the following treatment, condition, or dates of treatment _____

All healthcare information on file

Patient Signature: _____ **Date:** ___ / ___ / ___