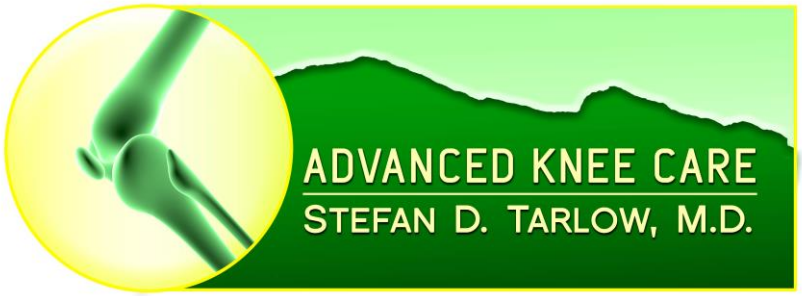

Telephone: (480) 483-0393
Fax: (480) 237-9473
tarlowknee@gmail.com

Scottsdale Location
8630 E. Via De Ventura
Suite 105
Scottsdale, AZ 85258

Uptown Phoenix Location
4440 North 36th Street
Suite 100
Phoenix, AZ 85018

Release of Medical Records

Have your health information sent to another Provider

Date: ___/____/_____

Patient: _____ DOB:____/____/_____
Address: _____
SSN: _____ Phone: _____

Send to: *Name* _____

Street _____

City/State/Zip _____

email _____

Phone: _____ Fax: _____
Send the following information to above recipient:

Office notes: _____ Op Reports: _____ X-Ray reports: _____Lab reports: _____

By signing below, I hereby release Advanced Knee Care, its physicians and employees from any and all liability for fulfilling this authorized request for medical records/x-rays. This authorization includes ALL confidential information in my file, including HIV, communicable disease, alcohol/ drug abuse and genetic testing information. I understand that I may revoke this authorization at any time by notifying Advanced Knee care in writing.

THIS AUTHORIZATION WILL EXPIRE IN 1 YEAR AFTER SIGNED DATE.

Patient Signature: _____ Date: ____/____/_____