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

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

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: ___/____/_____