Northern Arizona Dermatology Center

Sedona	Flagstaff	Cottonwood
95 Soldiers Pass Rd., Ste C-2	1490 N. Turquoise Drive	450 S. Willard St., Ste 115
Sedona, AZ 86336	Flagstaff, Arizona 86001	Cottonwood, AZ 86326
Phone: 800-469-5074	Phone: 928-774-5074	Phone: 928-639-9596
Fax: 928-779-0884	Fax: 928-779-0884	Fax: 928-639-0189

Medical Records Authorization Form for Release of Records
TO **Northern Arizona Dermatology Center, P.C.**

By signing this authorization, I authorize (*Please print name, address, phone #, fax # of the physician/person you are requesting records from*):

____
____
____

TO Release the Following Records:

_________Complete Medical Records   _________Biopsy Report(s)   _________Lab Report(s)

_________Other: ____

For Date of Service(s): _______________ to ______________   OR   ☐ All Dates

Records should be sent to:

☐	**1490 N. Turquoise Dr., Flagstaff, AZ 86001**	**Phone #: 928-774-5074**	**Fax#: 928-779-0884**
☐	**450 S. Willard St., Ste 115, Cottonwood AZ 86326**	**Phone #: 928-639-9596**	**Fax#: 928-639-0189**

This authorization will expire on _________________ or one year from the date this authorization is signed.
(Specific Date)

I have the right to revoke this authorization in writing except to the extent that Northern Arizona Dermatology Center has acted in reliance upon this authorization. My written revocation must be submitted to Nothern Arizona Dermatology Center's Privacy Officer at 1490 N. Turquoise Dr., Flagstaff, AZ 86001. This practice will not condition treatment on my providing this authorization unless the provision of health care is soley for the purpose of creating protected health information for disclosure to a third party.

Patient Name (*please print*):____ Date of Birth: __________________

Address: ____ City:______________________ State: ________ Zip: __________

Phone Number: ______________________________________

Signature of Patient/Guarantor: ____ Date: ______________________

If patient is under 18 years old, Print name of guarantor: ____

Relationship to patient: ____

Witness: ____ Date: _____________________