

**Jacqueline M. Solomon D.O.**  
**John J. Strobl D.O.**  
18205 North 51st Ave Avenue Ste. 133  
Glendale, Arizona 85308  
623-561-1151  
Fax: 623-561-1185

**Authorization to Release Medical Records**

**Patients Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Dr. Strobl and Dr. Solomon are requesting the release of medical records on the above listed patient. We are requesting:**

- All medical records
- All records pertaining to Pregnancy
- The following records: \_\_\_\_\_

**We are requesting these records from the following Physician or Hospital:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

I, \_\_\_\_\_ authorize the release of my medical records to Dr. Strobl and/or Dr. Solomon.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Mail or Fax (623-561-1185)  
as soon as possible, Thank You!**