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

Release Form Of Medical Information

I_____ give permission to Dr. Solomon or Dr. Strobl to release all medical information regarding my health to the person, company or healthcare provider listed below:

To:_____

_____

City:_____ **State:**_____

Phone:_____

Fax:_____

Records requested (check all that apply):

( ) All records ( ) OB ( ) GYN ( ) Labs ( ) Radiology

( ) Operative reports ( ) Pathology reports ( ) Other

Reason for Request:

( ) Primary Care Dr. ( ) Specialist ( ) Moved out of town

( ) Change of physician ( ) Personal Use ** ( ) Insurance Change
****There will be a $25.00 charge for records for personal use**

Patient Signature:_____ **Date:**_____

Physician Approval:_____ **Date:**_____

Date copied:_____ **Date sent:**_____ **Initials:**____