10240 W Indian School Road, Suite 155, Phoenix, Arizona, 85037
4338 W Thomas Road, Phoenix, Arizona, 85031
14741 W Mountain View Blvd, Surprise, Arizona, 85374
623-385-7900

Medical Records Request

I hereby authorize Desert Bloom Family Medicine to request medical records for:

Patient Name: _____ DOB: _____
Phone: _____
Address: _____
City, State, Zip: _____

From my previous Doctor/Hospital below:

Doctor/Hospital
(Name):_____
Address:
_____
City, State, Zip:
_____

Phone: _____ Fax: _____

Type of Information to be disclosed:

- ○ History and Physical Examination
- ○ Laboratory Tests
- ○ Operative Reports
- ○ Consultations
- ○ Office Visit Note
- ○ X-Rays/Imaging Reports
- ○ Pathology Reports
- ○ Other/Specifics:_____

The information is to be disclosed to the attention of:

Christopher Hiler, MD
Jonathan N. Chorney, MD
Nancy Cantu, FNP
Noemi Pimentel, FNP
Ethan Kennedy, DO
Christine Rocks-Lopez, FNP-C
Marcus Rollins, FNP-C
Francisca Olibarria, FNP-C

Patient Signature: _____ Date: _____

*****Please Fax to: 623-440-4360****

The information supplied to be used for ongoing medical care at this office. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire one year from the date of signing.