



**S. Reed Shimamoto, M.D.**  
**Neal Jain, M.D.**  
**Elizabeth Eden, MS, RN, CPNP-PC**  
4915 E. Baseline Road, Suite 112  
Gilbert, AZ 85234-2966  
Ph (480) 626-6600 (480) 626-6604

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

**Patient Information** (please print):

Name: \_\_\_\_\_ Dob: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: (if patient is under 18):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I hereby authorize and request you to release the following records to San Tan Allergy & Asthma:

\_\_\_\_\_ results of allergy tests, lab tests, CT's pertaining to your treatment

\_\_\_\_\_ all medical records

\_\_\_\_\_ only the following: \_\_\_\_\_

\_\_\_\_\_ I hereby authorize and request San Tan Allergy & Asthma to release my records to:

**Physician Releasing / Receiving Records** (please print):

Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_