

**THUNDERBIRD INTERNAL MEDICINE, LTD.**

**5620 W. Thunderbird Rd. Suite F-1**

**Glendale, Arizona 85306**

**602-938-6960- Phone**

**602-548-2658- Fax**

**AUTHORIZATION TO OBTAIN RECORDS**

I, \_\_\_\_\_ (Patient Name- please print) authorize Thunderbird Internal Medicine to obtain all my medical records including all confidential and communicable disease related information from:

Doctor: \_\_\_\_\_  
(First name) (Last name)

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

Phone/Fax: \_\_\_\_\_

Records are to be released to the following at the above address or fax: (Circle One)

- |                         |                         |
|-------------------------|-------------------------|
| Joel Metelits, M.D.     | Karen Wetherell, M.D.   |
| Brian Riveland, M.D.    | Trinh Doan, M.D.        |
| Angela Shreves, M.D.    | James Carpenter, M.D.   |
| David Warfield, M.D.    | Paul Edgecomb, M.D.     |
| Narendra Godbole, M.D.  | Grace Yu, M.D.          |
| Mindy Tatera, M.D.      | Ethiopia Gebeyehu, M.D. |
| Robert Swierupski, M.D. |                         |

This authorization is for release of records of my care and treatment

For the last \_\_\_ years inclusive.

I authorize release of all my records, including:

HIV Related Information Yes No

Drug and Alcohol Treatment Yes No

Psychological/Psychiatric Information, including

Diagnosis and treatment Yes No

Disclosure of the information is requested for the purpose of:

\_\_\_\_\_  
Patient's date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Patient/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXPIRATION DATE OF THIS AUTHORIZATION: \_\_\_\_\_**

For the protection of the patient-this is not a valid release if not witnessed and if not entirely complete. This authorization is valid for 6 months unless revoked in writing. It cannot be revoked retroactively for information already released.

**NOTICE TO THE PATIENT:** Please make arrangements with your previous physician(s) office to obtain any records for personal use. Thunderbird Internal Medicine does not provide such copies to our patients. Our physicians only retain what they feel is medically necessary from these records, thus we do not retain a complete set. In addition, prior to providing our office with any records you may already have, please retain a copy for yourself. If any portion of this authorization is returned incomplete, there will be a delay in the processing of this request until completion.