

**NORTH SCOTTSDALE WOMEN'S HEALTH
PATRICIA GRADE, M.D.
JENNIFER SIMONE, M.D.
9745 North 90th Place
Scottsdale, AZ 85258**

phone (480) 661-1485 fax (480) 661-1495

Authorization for Request of Medical Information

TO: (DOCTOR/HOSPITAL)

I, _____, hereby request that you release the indicated medical records to Patricia Grade, M.D. and/or Jennifer Simone, M.D. at *North Scottsdale Women's Health*.

INFORMATION TO BE RELEASED:

- | | |
|--|--|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> Lab and/or X-Ray Report |
| <input type="checkbox"/> Procedure Report: | <input type="checkbox"/> Other: |

Date of Request

Patient's Signature

Date of Birth

Street Address

Date

City, State, Zip Code