

PAPER CRANES HEALTHCARE RELEASE OF HEALTH INFORMATION

FAX : 888-221-2541

PATIENT NAME: _____ DATE OF BIRTH: _____

PATIENT SIGNATURE: _____

GUARDIAN: _____

PHYSICIAN OR GROUP WE ARE REQUESTING INFORMATION FROM:

PHYSICIAN OR GROUP INFORMATION IS TO BE RELEASED TO: (Circle one)

A.

Paper Cranes Healthcare
5980 S. Cooper Rd. Suite #1
Chandler, AZ 85249
Phone: 480-704-3474

B.

Please release all information to the above requested physician or group. This is to include office exams, hospital information, lab results, any other test results, x ray results, and all other medical information obtained while treating the above named patient.

Per the patients request please do not include the information listed below:
