

## MomDoc Medical Records PO BOX 6730 Chandler, AZ 85246

Phone: 480-821-3600 Fax: 480-821-3628

Please fill out ALL information completely. Any items left blank will prevent the timely release of records. Information cannot be changed, edited or added by MomDoc employees. If you prefer to pick up your records in one of our medical office please specify when and which office. There is a \$15 fee for personal records over 15 pages. This fee must be paid before the records will be released. Records are normally available within seven to ten business days.

Send Records			
☐ TO MomDoc FROM			
☐ <b>FROM</b> MomDoc <b>TO</b>			
Recipient's or Sender's Name:	Phone:		
Address: Street	Unit#	City	State
Zip code Fax:			
Records to Release			
☐ All Records ☐ OB Records ☐ GYN Records ☐ La	abs 🗆 Imagi	ng	
☐ Specific Date(s) -Fromto			
☐ Other (please specify)			
Initials I understand that the information released many of communicable or venereal diseases or HIV. I recognize that	•	-	•
Reason for release			
☐ Personal copy ☐ Referral / Continuity of Care ☐ Disa	bility $\square$ Movi	ng 🗆 Tran	sferring Care
☐ Insurance ☐ Legal Reason ☐ Other (please specify):			
*I understand that I may revoke this authorization at anytime with that any records received from another provider will not be rel authorization will expire in one year j	eased. Upon fulfillme	nt of the above sta	
Patient Name( <b>Printed</b> ):	D.O	.B/	/
Signature	Dat	e	
Relation to patient: □Self □Other (please specify):			

When MomDoc releases your records to others, such as insurers, it emphasizes that the records are confidential. This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. *Please note we do not accept CD or Emailed records*.