Dr. Brian Marks DO PC

5111 N Scottsdale Road Suite 158

Scottsdale, AZ 85250

(Phone) 480-949-7080 (Fax) 480-675-9145

RELEASE OF MEDICAL INFORMATION

I authorize that my medical records including dictations, labs, xrays, and other essential documents relevant to my medical care be released to Dr. Brian Marks DO PC- Desert Breeze Internal Medicine

Patient Name_____

Date of Birth_____

Signature_____ Date_____

Reason For Release_____

Dates of Service Requested_____ Complete Record_____

RELEASE FROM:

PHYSICIAN/PRACTICE_____

ADDRESS_____

PHONE NUMBER_____

FAX NUMBER_____