



**Essential Family Health & Wellness**

Susan Del Sordi, DO  
Melchiorra M. Mangiaracina, DO  
Sara Huschke Emery, MS, ANP  
Kathleen B. Rickard, DNP, APRN, FNP-C

11209 N Tatum, Suite 160  
Phoenix, AZ 85028

Phone: 480-285-2180 Fax: 480-285-2182 or 480-285-2181

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**AUTHORIZATION FOR MEDICAL RECORD RELEASE**

PATIENT NAME \_\_\_\_\_

DOB \_\_\_\_\_

**CURRENT DOCTOR WHO HAS THE MEDICAL RECORD IS:**

NAME \_\_\_\_\_

OFFICE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

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**PLEASE SEND:**

ECG (most recent)

LABS (most recent)

CURRENT MEDICATION LIST

PATH REPORTS X 3 YRS

RADIOLOGY X 3 YRS

CONSULTS (GI, CARDIO, ETC) X 3 YRS

H&P, D/C SUMMARIES - HOSPITAL NOTES X5 YRS

**PATIENT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_