Westside Primary Care Associates

Main Location: 14420 W. Meeker Blvd, Suite 207, Sun City West, AZ 85375
Buckeye Office: 865 S. Watson Road, Suite 108 Buckeye, AZ 85326
Phone: 623-267-6700 **Fax:** 623-267-6701 **Web:** westsidepca.com

Medical Records Release Form

(One per Provider)

I,_____ (first and last name of patient) authorize the following physician/practice to release my medical records including all confidential and communicable disease related information to Westside Primary Care Associates at the above address.

Name of physician/office:_____

City, State, Zip Code:_____

Phone Number: (_____)_____-_____

Fax Number: (_____)_____-_____

The information you may release subject to this signed release form is as follows:

● Complete Records	● History & Physical	● Progress Notes
● Care Plan	● Lab Reports	● Radiology Reports
● Pathology Reports	● Treatment Record	● Operative Reports
● Hospital Reports	● Medication Report	● _____

2 years maximum (unless requested)

The purpose for this release of information is:_____

_____ Printed Name

_____ Signature (of legal guardian if patient is minor)

_____ Date of Birth

_____ Date