Acupuncture & Integrative Medicine Center
Dr. Julie Gorman, NMD 3201 N. 3rd Street – Phoenix, Arizona 85012
Dr. Toni Vaughan, NMD Phone: (602) 265-1774 Fax: (602) 265-1738
www.AIMcenterAz.com

Medical Records Release Authorization

Name: ____ Date: ______________

Date of Birth: _____________ SSN: ____

Address: ____

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❑ I hereby authorize the release of all medical records:

OR

❑ I hereby authorize the release of only the following checked records:
- ◻ Laboratory Results ◻ History & Physical
- ◻ Progress Notes ◻ X-ray/Other Diagnostics

Purpose of request: ◻ Treatment ◻ Continued care ◻ Other____________________

FROM:

Physician's Name/Clinic Name: ____

Address: ____

City: __________________________ State: _________ Zip_______________________

Phone: ____________________________ Fax: __________________________________

Patient Signature: ____ Date: __________

This authorization will expire on: ______________________ OR in 12 months if no expiration date indicated

Witness: ____ Date: __________

Please Forward Records To:

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3201 N. 3rd Street
Phoenix, AZ 85012
Phone: 602-265-1774
Fax: 602-265-1738