



ARIZONA
GASTROENTEROLOGY
LLC.

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MEDICAL RECORDS RELEASE

BLANK FORMS BY A MEMBER/STAFF ARE INVALID AND VIOLATE COMPLIANCE STANDARDS

I hereby authorize _____ to release the following
medical records:

- ALL RECORDS OTHER: _____
- ALL OPERATIVE PROCEDURE REPORTS
- ALL RADIOLOGY REPORTS ALL LAB REPORTS
- ALL PATHOLOGY AND BIOPSY REPORTS CONTINUITY OF CARE

****THE UNDERSIGNED HEREBY AUTHORIZES RELEASE OF ALL ABOVE REQUESTED
MEDICAL RECORDS.**

BLANK FORMS BY A MEMBER/STAFF ARE INVALID AND VIOLATE COMPLIANCE STANDARDS

To: _____

Phone #: _____ Fax #: _____

Address: _____

Patient Name: _____ D.O.B.: ____ / ____ / ____

Patient Signature: _____ Date: ____ / ____ / ____

- Picked Up Mailed Faxed

COMPLETED BY: _____ DATE: ____ / ____ / ____

PEORIA
14155 N 83RD AVE, #122
PEORIA, AZ 85381

SURPRISE
12301 W BELL RD #A-105
SURPRISE, AZ 85378