



Lamb Health
Deryl Lamb, MD
3336 E Chandler Heights Rd Suite 113 Gilbert AZ 85298
Phone: 480-440-8666
Fax: 480-440-8666

Request for Release of Medical Records

Patient Name: _____ Date of Birth: _____

PLEASE OBTAIN RECORDS FROM:

Name of Clinic: _____

Address: _____

Phone: _____

Fax: _____

Please fax records to: **480-440-8666**

This information is to be disclosed to Lamb Health for the purpose of medical care. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire one year from today.

Lamb Health, its employees and physicians, are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I am aware that this information may be sent via fax and or a carrier agency.

I understand the medical records may include information relating to HIV or AIDS, psychiatric care, treatment for alcohol and/or drug abuse, and communicable diseases.

Signed: _____ Date: _____

Patient / Parent / Guardian / Other