Susan Del Sordi, DO
Sara Huschke Emery, MS, ANP
Kathleen B. Rickard, DNP, APRN, FNP-C
7425 E Shea Blvd, Suite 100 Scottsdale, Arizona 85260 480-285-2180 **fax: 480-285-2182**

AUTHORIZATION FOR MEDICAL RECORD RELEASE

PATIENT NAME: _____

DOB: _____

CURRENT DOCTOR WHO HAS THE MEDICAL RECORD IS:

Name, address, phone, fax:

_____
_____
_____
_____
_____
Phone_____
Fax_____

(OR)

__ Susan Del Sordi, DO
__ Sara Huschke Emery, ANP
__ Kathleen Rickard, DNP

I authorize the release of my medical records to:

__ Susan Del Sordi, DO (OR)
__ Sara Huschke Emery
__ Kathleen B Rickard, DNP

FAX: 480-285-2182

Name, address, phone, fax:

_____
_____
_____
_____
_____
_____
Phone_____
Fax_____

Please send:
ECG x 5yrs
LABS x 5 yrs
CURRENT MEDICATION LIST
PATH REPORTS X 5 YRS
RADIOLOGY X 5 YRS
CONSULTS (GI, CARDIO, ETC) X 5 YRS
H&P, D/C SUMMARIES - HOSPITAL NOTES X5 YRS

PATIENT SIGNATURE: _____ DATE: _____