

## Jeffrey T Arrington MD PC 11762 South State Street #350 Draper, UT 84020 P: 801-433-2190

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## **MEDICAL RECORDS RELEASE REQUEST & AUTHORIZATION**

Patient Full Name Address Date of Birth Telephone

From:			
	Surgeon	Clinic	
		athology reports (if any) Last 6 years, operative notes (if an s, imaging and/or diagnostic report(s) within the last 6 mo	
Restrictio	ons and/or Exclusions (if	any): No other records are necessary or specifically approve	ed for release.
•		NSULT. PLEASE RELEASE DIRECTLY TO R CONSULT or Fax to 801-433-2191	
Name of	person completing this fo	rm and relationship to patient:	
Name:		Relationship:	
	):	Date:	

Dear Provider(s): We greatly appreciate your kind courtesy and support on behalf of your above-named patient. Please make a copy of this release for your records. Thank you. Please call us at 801-433-2190 with any questions.