



Walker Family Medicine

Where Patient Centered Care and Community Come Together

Dear Patient,

To have your medical records released from your previous clinic or doctor to Walker Family Medicine, please complete the attached form and mail it to:

Walker Family Medicine
Attn: Medical Records
801 W. Rex Allen Dr.
Willcox, AZ 85643

When we receive your medical record request form we will correspond with your previous clinic or doctor to attain a copy of your medical record. Thank you for trusting Walker Family Medicine with your health care.

Sincerely,
Tiffany Drage,
Office Manager



Walker Family Medicine

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801 W Rex Allen Dr Willcox, AZ 85643 (520) 766-5000 FAX (520) 766-5001

www.walkerfamilymedicine.com

MEDICAL RECORDS RELEASE FORM

I authorize Walker Family Medicine, PLC to obtain my past medical records from:

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

I desire the following to be released to Walker Family Medicine, PLC:

The past three years of:

- 1.) **Laboratory results**
- 2.) **X-Ray results**
- 3.) **Procedure notes**
- 4.) **Specialty consultation notes**
- 5.) **Hospitalization discharge summary notes**

Other: _____

Name: _____

SSN: _____ - _____ - _____ Date of Birth _____

Address: _____

City: _____ ZIP: _____

Phone: _____

Signature: _____

Date: _____