



Thompson Peak Division
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Scottsdale, AZ 85255
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Samuel S. Bailey, M.D. Christopher L. Lykins, M.D

MEDICAL RECORDS RELEASE AUTHORIZATION

Patient Name: _____

Date of Birth: _____ SS# _____

Home Phone: _____ Cell: _____

I authorize **Valley ENT, PC. / Samuel Bailey MD / Christopher Lykins MD**

- Obtain records from
or
 Release records to

Facility/Physician _____

Address: _____

Phone: _____ Fax: _____

I authorize the release of

- The complete medical record pertaining to my treatment and care
 Specific tests, labs, notes, or dates of service: _____

Patient/Guardian Signature: _____

Date: _____

**** If we are obtaining patient records please fax back to 480-273-8695
Or mail to: 20201 N Scottsdale Healthcare Dr Ste 230 Scottsdale Az 85255**