

**RELEASE OF MEDICAL RECORDS
FROM: SUZANNE BENNETT, DO**

OBTAIN INFORMATION FROM:

**Suzanne Bennett, DO
18275 N. 59th Avenue, Building H, Suite 144
Glendale, Arizona 85308
Phone: 602-843-2300
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I request that my medical records be released to:

Physician Name: _____

Address: _____

City, State, Zip: _____

PHONE: _____

FAX: _____

Changing Physicians

Specialist Request

Insurance Request

Parent/Legal Guardian's Copy

Moving Out of Area

Other: _____

Patient Information

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Birthdate: _____

Patient Signature: _____

Date signed: _____