The Wellness Medical Clinic
1880 W Frye Road, Suite #1
Chandler, AZ 85224
Phone (480) 821-5500 -- Fax (480) 821-5502
www.primarycarechandler.com

Ammar Alsheikh, MD
Melissa L. Brown, FNP

I hereby authorize **The Wellness Medical Clinic** to leave a detailed voice message on my answering machine regarding any medical information they may have. The number (s) acceptable to leave a voicemail are:

Home Phone: _____

Cell Phone: _____

Alternative Phone: _____

Please provide us with the names of any person or persons are allowed to share your medical information with, otherwise we may not do so even with a spouse or relative without this authorization.

I hereby authorize:

_____

_____

_____

To receive any information concerning my medical condition or treatment at The Wellness Medical Clinic.

Patient Signature: _____

Date: _____

Patient's Printed Name: _____

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Consent for Release of Patient Medical Records

Upon change of physician we recommend that you have copies of your medical records transferred to our new provider of medical services. Having you complete medical history and pertinent records will be very valuable to your primary physician.

Please fill out the following:

Patient's Full Name: _____

Patient's Date of Birth: _____

Patient/Parent/Guardian Signature: _____

Relationship to Patient: _____ **Next of Kin** _____ **Guardian** _____ **Caregiver**

_____ **Self**

Date: _____

This is a formal request for the following records (in regards to the patient above):

( ) All Available medical records

( ) Any records pertaining to the following information only:

_____

Clinic Name: _____

Physician's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Please send records to:
The Wellness Medical Clinic at 1880 W Frye Rd, Suite 1, Chandler, AZ 85224
Phone: 480-821-5500
Fax: 480-821-5502