# I M S

INTERNAL MEDICINE SPECIALISTS

201 North Buffalo Drive
Las Vegas NV 89145
T: (702) 242-2737
F: (702) 255-3170
www.IMSDoctors.com

## AUTHORIZATION TO RELEASE HEALTH INFORMATION

**There will be a service fee of $0.60 per page for medical records forwarded to a lawyer, insurance company, or directly to the patient. We will, however, transfer medical records to another physician at no cost.**

**I hereby authorize my Provider to release any information necessary for the course of treatment.**

**TODAY'S DATE:** ______________________

**PATIENT'S NAME:** ______________________

**PATIENT'S DATE OF BIRTH:** ______________________

**RELEASE THE FOLLOWING RECORDS TO:**

**INTERNAL MEDICINE SPECIALISTS**
**201 N Buffalo Dr Las Vegas NV 89145**
**TEL (702) 242-2737 ● FAX (702) 255-3170**

**RELEASE THE FOLLOWING RECORDS FROM:**

**ORGANIZATION'S NAME:** ______________________

**ADDRESS:** ______________________

**CITY:** ______________ **STATE:** ______________ **ZIP:** ______________

**TELEPHONE:** ______________ **FAX:** ______________

- ☐ **Entire Health Record**
- ☐ **History and Physical**
- ☐ **Prescription List**
- ☐ **Laboratory/Radiology Result (s)**
- ☐ **Blood Sugar Result (s)**
- ☐ **EKG**

______________________ ______________
**PATIENT'S SIGNATURE** **DATE**

______________________ ______________
**AUTHORIZED REPRESENTATIVE'S SIGNATURE** **DATE**

**RELATIONSHIP TO PATIENT:** ______________________