Board Certified Pain & Rehabilitation Physicians
COMPREHENSIVE PAIN MANAGEMENT
www.schurgin.com
3811 E. Bell Road, Suite 207 Phoenix, AZ 85032 Phone (602) 971-8200 Fax (602) 971-8201
Arthur H. Schurgin, D.O. ● John Porter, M.D. ● James KellerShabrokh, D.O. ● Steven Giacoppo, FNP

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Name of Patient_____ DOB_____

Address_____ City_____

State_____Zip_____Phone Number_____

****

As the patient, or the patient's legal representative, I authorize:

Name of Physician/Hospital/ER_____

City, State, Zip_____

Telephone Number_____Fax Number_____

****

To disclose to:

Name of Physician/Hospital/ER_____

City, State, Zip_____

Telephone Number_____Fax Number_____

Please send the following documents:

- ☐ **Imaging, MRI, X-Ray Reports**
- ☐ **Past months of office notes**
- ☐ **Labs, prior months**
- ☐ **All Records**
- ☐ **Specialist consultations**
- **Other**_____

Authorized Signature_____ **Date**_____

Print Name_____

Relationship if not patient_____