ABE HARDOON, M.D.
Board Certified-Internal Medicine
SCOTT HARDOON, M.D.
Board Certified-Internal Medicine
EDWIN CHAN, M.D.
Board Certified Family Medicine
AMI BHATT, M.D.
Board Certified-Family Medicine
CHRISTOPHER THAVER, M.D.
Board Certified-Family Medicine
HAREER AL SALIHI, M.D.
Board Certified-Internal Medicine
AMANDA LOVERING, M.D.
Board Certified-Internal Medicine

SHANNON SPREITZER, DNP, APRN
NIKKA COHAN, APRN
ANGELA ARMELLINI, APRN
JASMINE MONTAÑEZ, APRN
AMBER JACK, APRN
SARAH HODGE, PA
LISA RATHBUN, APRN
MELINDA COBB, PA
JORDAN GALILI, APRN

Medical Record Request

Authorization for Use or Disclosure of Protected Health Information to third parties.
Please note, when obtaining records from our office, it can take up to 30 days.
Records requested for your personal use are subject to a fee.

This authorization permits Suntree Internal Medicine to:

Please Check One: ☐ **OBTAIN** information **FROM** ☐ **RELEASE** information **TO**

_____
Name of Physician / Practice / Patient

_____
Address

_____
Phone Number Fax Number Email Address

_____Past Year(s) of Records _____Recent Labs _____Recent Clinical Notes

_____Radiology Reports _____In-House Procedures _____H&P

_____All Records Other:_____ *****Please ONLY check what is needed**

I _____ DOB_____ hereby authorize you to release all medical and surgical records of the patient referred above. The information is to include but not limited to, medical information, mental health information, personal habits, alcohol use and HIV (AIDS) results if available.

X _____ _____
Patient Signature **Date**

X _____ _____
Guardian Signature (provide documentation) Date

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