

BIG SKY WELLNESS CENTER

P.O. Box 1090
Paulden, AZ 86334
928-260-4747
928-447-7988 (fax)



REQUEST FOR RECORDS

Patient _____ Birth Date _____

Requested From: _____

Address: _____

Phone: _____

Fax: _____

INFORMATION REQUESTED

Please mark the appropriate box to indicate the information to be released:

- Written medical records
- Lab Results—Blood and urine past 2 years
- Medical imaging studies (x-rays, CTs, MRIs, etc.)

METHOD OF DELIVERING INFORMATION

- I will pick up the records.
- Please fax to 928-447-7988
- Please mail the records to:

Big Sky Wellness Center
Dr. Julie Schleusner
P.O. Box 1090
Paulden, AZ 86334

SIGNATURE OF PATIENT

DATE