

# Surgical Weight Loss Solutions at Tempe St. Luke's

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1492 S. Mill Avenue, Suite 201

Tempe, AZ 85281

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## MEDICAL RECORDS RELEASE

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Patient's Social Security #

I authorize the release of records in your possession, including, but not limited to, those which may contain CONFIDENTIAL HIV/AIDS RELATED INFORMATION, CONFIDENTIAL COMMUNICABLE DISEASE RELATED INFORMATION, INFORMATION RELATED TO MENTAL HEALTH AND/OR ALCOHOL/DRUG ABUSE DIAGNOSIS/TREATMENT INFORMATION, unless otherwise indicated here in writing.

\*\*\*This request specifically includes ALL RECORDS THAT RELATE TO PATIENT'S WEIGHT\*\*\*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requesting records be released to:

**Surgical Weight Loss Solutions**

at Tempe St. Luke's

1492 S. Mill Ave., Suite 201

Tempe, AZ 86281

Fax: 480-968-1188

\_\_\_\_\_  
Records being released from:

\_\_\_\_\_  
Name of Physician, Other Provider or Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

( ) \_\_\_\_\_  
Phone number

( ) \_\_\_\_\_  
Fax number