



501 S 11th St. Ste B
Show Low, AZ 85901
928-537-4242 office
928-496-0282 fax

Javier Manrique NMD

Request for Release of Medical Records

Doctor/Practice Name

Address

Phone

Fax

I, _____ request that you release my medical records to:

Javier Manrique NMD
Good Life Health Center
501 S 11th St Ste B
Show Low, AZ 85901 Fax: 928-496-0282

I authorize release of my protected health information until: _____

Please include the following information:

_____ Lab results

_____ Diagnostic imaging reports

_____ Doctor's notes

_____ All medical records from _____ to _____

Patient Name

Date of Birth

Signature

Date