Ace Health and Wellness Center
14815 N Del Webb Blvd, Sun City, AZ 85351
Ph.(623) 248-1717 | Fax.(623) 248-1688
www.acehealthclinic.com

Authorization to release medical records to Ace Health and Wellness Center

I (Patient Name):_____ DOB:_____/_____/_____

I hereby authorize the physician, healthcare provider, hospital, or medical facility listed below to release my medical records to ***Ace Health and Wellness Center PLLC*** for the purpose of establishing and/or continuing my medical care.

Please send my records to:
Ace Health and Wellness Center PLLC

Attn:

- ☐ Isha Gupta, MD
- ☐ Srinivasa Reddy, MD, MRCP

Address: 14815 N Del Webb Blvd City: Sun City State: AZ Zip: 85351

Phone: (623)248-1717 Fax: (623)248-1688

Please release records from the following physician/facility

Physician/Facility name: _____

Address: _____

City:_____ State: _____ Zip:_____

Phone:_____ Fax:_____

Please include the following:

- ☐ All records
- ☐ Labs/X-Rays
- ☐ Progress Notes

I request and authorize the above-named physician, healthcare provider, hospital, or medical facility to release my protected health information to Ace Health and Wellness Center for the purpose of my medical care. I understand that I may revoke this authorization in writing at any time before my records are released, except to the extent that action has already been taken in reliance or this authorization.

Patient Signature:_____ Date:_____/_____/_____