



EAST VALLEY
Pulmonary Associates PLLC

Firas Joudeh, MD
2600 E. Southern Ave., Ste I-3
Tempe, AZ 85282
(480) 626-8737 Fax: **(480) 704-4698**

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: _____ DOB: _____

Maiden/Former Name: _____ SSN: _____ - _____ - _____

Address: _____
Street Address City State Zip

By signing below, I hereby release my medical records:

To: _____
Dr./Facility's Name

From: _____
Dr./Facility's Name

Phone Number

Phone Number

Fax Number

Fax Number

Please send the following information: _____

By signing below, I understand that East Valley Pulmonary Associates (EVPA) has no responsibility for the use of distribution of this information by the party to whom it is released. I release EVPA from all liability which may arise from EVPA's compliance with this request to release records.

By signing below, I authorize EVPA to transmit this information by facsimile transmission (fax), and release EVPA from any liability for breach of confidentiality, misdirection of transmission or failure receive transmission of records when transmitted by fax.

Patient/Legal Representative Signature

Date

Witness Signature