



PIMA LUNG & SLEEP, PC SLEEP CENTER

AMITAB PURI, MD, FCCP, DABSM, FCCM
Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

REQUEST & CONSENT FOR RELEASE OF MEDICAL RECORDS

I, _____, hereby consent to the release of my medical records relating to my treatment at Pima Lung & Sleep, PC to any past, present and future physicians/practice.

Signature

Date

_____/_____/_____
Date of Birth

.....

I, _____, hereby request and consent to the release of my medical records from

I direct that these records be sent to Dr. Amitab Puri at the address below.

Please send my complete medical record to: Pima Lung & Sleep, P.C.
Amitab Puri, M.D., F.C.C.P.
5310 N. La Cholla Blvd.
Tucson, AZ 85741

Signature

Date

_____/_____/_____
Date of Birth

.....

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