

Carlos Santo, NMD
License #: 97-517

14980 N 78th Way #204
Scottsdale, AZ 85260
Phone: 480-363-2501, Fax: 602-532-7690

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name _____ Date of Birth _____

Social Security # _____ Phone _____

I request and authorize _____

to release:

CHART NOTES, PAST 12 MONTHS ONLY

To: Dr. Carlos Santo 14980 N. 78th Way, #201 Scottsdale, AZ 85260

**ELECTRONIC COPIES ARE REQUESTED. IF AT ALL FEASIBLE PLEASE FAX TO
OUR SECURE SERVER AT 602-532-7690.**

Signed _____

Date _____