

Carlos Santo, NMD
License #: 97-517

621 S. 48th st #116
Tempe, AZ 85281
Phone: 480-363-2501, Fax: 602-532-7690

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name _____ Date of Birth _____

Soc Sec # (last 4 only) _____ Phone _____

I request and authorize Dr: _____

Doctor's Phone #: _____ Doctor's Fax #: _____

I authorize the release of:

CHART NOTES, PAST 12 MONTHS ONLY

To: Dr. Carlos Santo 621 S. 48th St #116, Tempe, AZ 85281

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

Signed _____

Date _____