



AM Diabetes & Endocrinology Center

AM Diabetes & Endocrinology Center
A Division of Consolidated Medical Practices of Memphis
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www.amdiabetes.net
Release of Medical Records

This form authorizes AM Diabetes to release all pertinent medical records either to the patient or another medical facility. There is \$25 fee each time medical records are released, which must be received along with this form prior to records being mailed. Please allow 1 week to process records after receipt of payment.

Please fill out Section 1 & sign Patient Authorization.

Section 1

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Use Only

Section 2

Facility requesting records: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Patient Authorization

Patient or Representative's Signature

Date

Relationship to Patient