Fry Laboratories, LLC
14807 N. 73rd Street Suite 103
Scottsdale, AZ 85260
www.frylabs.com

CLIA#03D1026968
1(866)927-8075 (phone)
1(480)656-4932 (fax)
info@frylabs.com (email)

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION FROM FRY LABORATORIES, LLC

Patient Last Name: ___________________________ Patient First Name: ___________________________ MI:____

Date of Birth: ______ /______ /__________ Telephone #: ____

Address:

Street: ____ City: _____________________

State: ______ Zip: ____________

I hereby authorize Fry Laboratories, LLC to release the health information, acknowledge, or discuss patient related information with the Recipient named below. I understand and acknowledge that this may include treatment for physical and mental illness, alcohol/drug abuse and or HIV/AIDS test results or diagnoses.

Name of Recipient: ___________________________________ Facility Name: _______________________________

Telephone #: ____ Fax #: _____________________________________

Email Address: ______________________________@_______________________

Address:

Street: ____ City: _____________________

State: ______ Zip: ____________

Once your healthcare information is released, disclosure of your healthcare information by the recipient is not controlled or guaranteed by Fry Laboratories, LLC.

____
*Signature of Patient or Patient's Personal Representative**

____
Printed Name

______ /______ /______
Date Signed

____
*Relationship, if not Patient**

If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative **MUST accompany the request (i.e. court appointed guardian, durable power of attorney for health care). Exception: parent signing for a patient under the age of eighteen*.