



AZ Hand Health, PC
PO Box 6962. Chandler AZ 85246
Steven Miller, MD

Medical Records Release

Please release my medical records:

Patient's name:_____ Today's date:_____

FAX TO:_____

OR

EMAIL TO:_____

Patient or guardian signature:

Patient full name:_____

Date of Birth:_____

**PLEASE RETURN THIS COMPLETED FORM TO:
AZHANDHEALTH@COX.NET.**