



Changing Your Weighs

A Division of Town Center Medical Group

7301 E 2nd Str, Suite #300

Scottsdale AZ 85251

Phone: 480-949-9047

Fax: 480-970-8718

Medical Records Release Patient Authorization

I, _____, request and authorize Changing Your Weighs and Town Center Medical Group to release all my medical records and information regarding AIDS/HIV, Hepatitis, Drug and Alcohol Abuse, and Mental Illness to include anxiety and depression for the dates of service from ___/___/___ to ___/___/___ OR Exactly what you are needing:

Signature

Date

Witness

Relationship to patient Date

Who records are being sent to including address, fax, and phone number:
