

Northern Arizona Ear, Nose & Throat, PC  
Dr Daniel Downs and Dr Ben Feldman  
1300 Rim Drive, Suite B  
Flagstaff, AZ 86001  
Phone: (928) 556-9200 Fax: (928) 556-0336

**Request to Access Records**

Patient's name: (print) \_\_\_\_\_

Describe records requested and approximate dates of records you wish to obtain:

Check if you would like all records  \_\_\_\_\_

- I wish to obtain a copy of the requested records from Northern Arizona ENT.

Please send my records to: \_\_\_\_\_

Address or fax information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I wish for my records from another doctor be released to:

Attn to Northern Arizona ENT - Medical Records \_\_\_\_\_

Address: 1300 N. Rim Dr. Suite B. Flagstaff, AZ 86001 \_\_\_\_\_

Phone number: 928-556-9200 \_\_\_\_\_

Fax number: 928-556-0336 \_\_\_\_\_

**Patient information:**

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**For the personal representative of the patient:**

Print the name of the personal representative: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have the legal authority under applicable law to make this request on behalf of the patient identified above.

Signature of the personal representative: \_\_\_\_\_

\_\_\_\_\_