



RICK A SHACKET DO, MD(H)
BOARD CERTIFIED PROCTOLOGIST

Name: _____ DOB: _____ Date: _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO OR FROM:

Dr. _____

Street: _____

City/State/Zip: _____

Fax/Email: _____

Please send a copy of my medical records to:

- The Person Stated Above.
- Dr. Rick A. Shacket
Fax 602.263.3697, and or mail to:
- 8752 E Via De Commercio, Ste 2, Scottsdale, AZ 85258
- 3543 N. 7th Street, Phoenix AZ 85014
- _____

Patient Signature

Date

LOCATIONS

Scottsdale Vein & Proctology Center 8752 E Via De Commercio, Ste 2, Scottsdale, AZ 85258, 602.492.9919

Dr. Rick Shacket PLLC 3543 N. 7th Street, Phoenix AZ 85014

Rick Shacket, DO, MD(H) 81 W. Guadalupe Road, Suite 111, Gilbert AZ 85233, 602.492.9919