MEDICAL RECORDS RELEASE TO DR. LAURA L'HEUREUX, D.O.

REQUET FOR RELEASE OF MEDICAL RECORDS FROM:

PHYSICIAN OR FACILITY NAME

STREET ADDRESS **SUITE**

CITY **STATE** **ZIP**

PHONE **EMAIL** **FAX**

I Request My Medical Records Released To:

Womenzzz Sleep Health, PLLC
Dr. Laura L'Heureux, D.O.
13830 West Camino Del Sol, Suite 240
Sun City West, Arizona 85375-4746
Phone: (623) 466-9251 Fax: (623) 975-0705

Date: _____

Patient Name: _____

Patient Date of Birth: _____ Phone: _____

Patient/Guardian Signature: _____

Please verify receipt of document by calling the above telephone number.
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Thank You.