



5111 Juan Tabo Bl NE, Albuquerque, NM 87111
(505) 271- 9900 Fax (505)271-0217

*Medical and Billing Information
Authorization for Release of Information*

Patients Name: _____ Date of Birth ___/___/___

Information to be released

- Diagnosis
- Treatment
- Appointments
- Billing
- Voice Messages related to prescriptions, durable medical equipment, lab results, and insurance matters

List Below the individuals who you want authorized information released to:

_____ relationship _____

____ No One

_____ relationship _____

The authorization expires one year from date of signature

Signature _____ Date _____

Print name _____ relationship _____