

Practice/Physician:

Candria E. Krywko, OD

8240 N. Hayden Rd, B100 Scottsdale, AZ 85258

> Ph: 480.900.2020 Fa: 480.900.0966

Medical Records Release

I request that my medical records be released LEGIBLY AND IN THEIR ENTIRETY WITHIN 30 DAYS from:

Scottsdale Eye Physicians & Surgeons

Address: _	7550 E Second St					
City:	Scottsdale	State: _	AZ	Zip Code:	85251	
Phone #:	480.994.1872	Fax #: _		480.994.0130		
☐ Check here if picking up your records in person. If not you, whom do you authorize to pick-up						
on your behalf?						
		OR:				
Please send to:						
Practice/Physician: Eyes on Hayden						
Address: _	8240 N Hayden Rd, B100					
City:	Scottsdale	State: _	AZ	Zip Code:	85258	
Phone #:	480.900.2020	Fax #: _		480.900.0966		
Patient Information:						
Name (printed):			Date of Birth:			
Patient/Guardian Signature:			_ Date: _	Date:		