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M. ANGELO TRUJILLO, M.D.
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Medical Records Request

Please Utilize this sheet as you cover page to return the requested documents. Thank you.

To: _____

Fax: _____

From: _____

Date/Time: _____

****Recent GI Related Office Notes, labs, and radiology****

Patient Name: _____

Date of Birth: _____

Date of Appointment: _____

To be seen by:

Dr. M. Angelo Trujillo MD

Dr. Rodney Engel MD

Melissa Hakes FNP-C

The above referenced patient has an appointment with one of our physicians. To provide medical care in the most efficient and expedient manner possible, we are requesting that you send relevant chart notes, labs, and radiology reports. If you have no notes relevant to a GI Consult or endoscopy procedure, then please note that when replying to this request. We appreciate your assistance in helping us provide superb medical care for our mutual patients.

Please be advised that according to Privacy Regulations and HIPAA, patient records can be released to another physician's office without a signed release.

This fax is personal, confidential, and privileged information for the named recipient only. If you have received it in error, please destroy it and contact us to let us know you received it.