



# Gateway Urgent Care

**Gateway Urgent Care**  
**920 E William Field Rd Ste 101**  
**Gilbert, AZ 85295**  
**Phone: 480.499.0201 Fax:**  
**480.499.0203**

## CONSENT TO RELEASE OF MEDICAL RECORDS:

Patient Name: \_\_\_\_\_ AKA: \_\_\_\_\_  
PRINTED OTHER NAMES USED – FIRST OR LAST

Patient DOB: \_\_\_\_\_

I, \_\_\_\_\_ hereby give my permission to release any of my prior/future medical records:

To: Gateway Urgent Care AND/OR  From: Gateway Urgent Care

*NOTE: All previous or prior records and images relating to the procedure being done by Gateway Urgent Care will need to be obtained and submitted prior to the time of the exam. As the patient, I understand the importance of securing these prior records and will make all reasonable efforts to obtain them. I also understand that if no previous related exams and records are provided, my current exam will be interpreted and evaluated as a first time procedure. I also understand the copies of my medical records may be mailed or faxed. I release Gateway Urgent Care from all liability for the handling of my medical records.*

*In the event that you (the patient) request your films, a CD of your images, or a copy of your report and are unable to pick them up, please list two (2) other persons you authorize to pick up.*

1<sup>st</sup> Person: \_\_\_\_\_ 2<sup>nd</sup> Person: \_\_\_\_\_

**X** \_\_\_\_\_ Date: \_\_\_\_\_ **X** \_\_\_\_\_ Date: \_\_\_\_\_  
**Patient/Parent/Legal Guardian Signature** **Witness Signature**

Please send the above patient's imaging and reports to:

**Gateway Urgent Care**  
**Attn: Medical Records**  
**920 E Williams Field Rd Ste 101**  
**Gilbert, AZ 85295**

If you find you do not have imaging for this patient, please contact our Medical Records department:  
**Phone: 480.499.0201 or Fax: 480.499.0203**