

SUBURBAN ENDOCRINOLOGY AND DIABETES

MAIN OFFICE:

2101 S. ARLINGTON HEIGHTS ROAD, SUITE 111
ARLINGTON HEIGHTS, IL 60005
(847) 228-3200
FAX (847) 228-3740
www.subendo.com

27750 W. HIGHWAY 22
BUILDING 2, SUITE 120
BARRINGTON, IL 60010
(847) 228-3200

L. FERNANDO SORUCO, M.D.
MARIO H. CHAN, M.D.
DANIEL D. SO, M.D.

PARASKEVI SAPOUNTZI, M.D.
KARA FINE, M.D.
NICOLE LORANG, NP-C

2101 S. ARLINGTON HEIGHTS ROAD #111 - ARLINGTON HEIGHTS, IL 60005
PHONE: (847) 228-3200 FAX: (847) 228-3740

27790 W. HIGHWAY 22, BUILDING 2, #120 - BARRINGTON, IL 60010
PHONE: (847) 228-3200

PERMISSION TO RELEASE MEDICAL RECORDS

Patient's Name _____
(First) (Middle) (Last)

Date of Birth _____ Social Security Number _____

Medical Record # _____

**PERMISSION IS HEREBY GRANTED FOR RELEASE OF MEDICAL
INFORMATION FROM SUBURBAN ENDOCRINOLOGY & DIABETES
CENTER AND TO BE FORWARDED TO:**

From/To: _____

The following information may be released:

_____ Laboratory Date	_____ Progress/Doctors Notes
_____ Radiology Reports	_____ Medication Records
_____ Pathology Reports	_____ All Records
_____ Other	

(Patient's Signature)

(Date)

(Witness)

(Date)