

DR. CRAIG M. RUNDBAKEN, D.O., FCCP, FACOI  
13830 WEST CAMINO DEL SOL, SUITE 240  
SUN CITY WEST, AZ 85375

**REQUEST FOR RELEASE OF MEDICAL RECORDS**

TO: \_\_\_\_\_  
Physician or Facility Name

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I Request My Medical Records Released to:**

Dr. Craig M. Rundbaken, D.O.  
13830 West Camino Del Sol, Suite 240  
Sun City West, Az 85375  
Phone: 623-975-0500 Fax: 623-975-0705

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patients Phone#: \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian Signature