

Blake A Stamper, D.O.
Robert L Lock, II, D.O., FAOAO
Stan D. Allen, D.O.

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Bullhead City, AZ 86442
928-758-1175
928-758-5191 (Fax)

1739 Beverly Ave
Suite 108
Kingman, AZ 86401
928-692-0003
928-692-0044 (Fax)



Request for Release of Medical Records

To _____

Address _____

City _____ **State** _____ **Zip** _____

I hereby request that my medical record be release to:

Tri-State Orthopedic Institute

**Blake A Stamper, D.O.
Robert L Lock, II, D.O., FAOAO
Stan D. Allen, D.O.**

Name (Please Print) _____

Signature _____

Today's Date _____

Address _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **SSN #** _____