



7780 S Broadway Ste 220 / 8671 S Quebec Ste 110
Littleton, CO 80122 / Highlands Ranch, CO 80126
Phone # 303 795 2345 Fax # 303 795 1003 / 303 734 3977

Date: _____ Date/Time Completed (Office Use Only)

Release of Patient Information - Medical

Patient(s) Name: _____

Date of Birth: _____

Physician (PCP): _____

PLEASE CHECK ONE:

- Medical Forms i.e.: School form, Sports form, Daycare form, Camp form, etc
- Immunization records
- Certificate of Health
- Copy of Office Visit(s) - Date(s): _____
- Copy of Lab Results - Date(s): _____
- Copy of X-ray Report - Date(s): _____

Parent/Legal Guardian: _____
(Signature)

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE INFORMATION WHEN COMPLETED.

PLEASE ONLY CHECK AND FILL IN ONE SOURCE BELOW.

*****IF MORE THEN ONE SOURCE IS CHECKED, THE COMPLETION OF THE FORM(S) WILL BE DELAYED UNTIL SOURCE BELOW IS VERIFIED *****

Phone Number: _____

Fax Number: _____

Attention: _____

Mailing Address: _____

Email Address: _____

****PLEASE ALLOW 2-3 BUSINESS DAYS TO PROCESS REQUEST**