



**10455 Park Meadows Drive #1-102
Lone Tree CO 80124
303-708-0246 – Phone
303-708-0247 – Fax**

**please provide
Valid I.D.**

Authorization to release medical information

Please note that if this form is not completely filled out records will not be processed.

Patient: _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please select the doctor that you normally see in our office:

Dr. Randall Snook Dr. Dennis Furr Dr. Jennifer Hepp
 Teresa Heisser Jodie Schoenholtz

Information to be disclosed:

Clinical Notes Hospital Records Immunization records
 Consulted Second opinion CT report Lab reports
 Date of last physical Entire chart

Please provide us with the information of the office you would like to request records from.

Name of office/doctor sending records	
Address	
Phone#	
Fax #	

X _____

Signature of patient/Guardian

Relationship to patient if guardian

Date

**Per Colorado statute charges apply as follow: \$14.00 for the first 10 pages; \$0.75 for pages 11 to 40; \$0.50 for additional pages.*

**provident patients: Provident will provide the last three visits of your record at no charge, but will charge for entire chart.*