



10455 Park Meadows Drive #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
_____ Jodie Gahn _____ Katie Young _____ Dr. Dina Elias

Information to be disclosed:

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

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

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

X _____
Signature of patient/Guardian

Relationship to patient if guardian

Date

*Per Colorado Fee Schedule 18-6 charges apply as follow: \$18.50 for the first 10 pages; \$.85 for pages 11-40; \$.57for pages 41+ \$14 for computer disc; \$.10 per electronic pages