

Name: _____ Date of Birth: _____

Signature: _____ Date: _____



AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

Patient Name: _____ Previous Name: _____

Birthdate: _____ Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

I AUTHORIZE:

(Name of Health Facility, Individual, Agency, ETC) _____

(Address) _____

(City, State, & Zip) _____

TO RELEASE TO:

Diabetes and Endocrinology of Denver
7200 S. Alton Way, Suite A120
Centennial, CO 80112
(720) 282-2048 (office fax)

INFORMATION TO RELEASE:

- Pathology Reports Laboratory Results
- Radiology/Imaging Results . reports only. Do not send discs
- Other _____

*****Please do not send office visit notes unless specifically requested*****

The foregoing records are released for Dr. A Jonathon Weinstein at Diabetes and Endocrinology of Denver.

Date: _____ Patient or Guardian Printed Name: _____