



Lone Tree Pediatrics
10099 RidgeGate Pkwy # 360
TEL (303) 798-3247 FAX (303) 798-3248
info@lonetreepediatrics.com
lonetreepediatrics.com

**AUTHORIZATION TO RELEASE MEDICAL RECORDS
TO LONE TREE PEDIATRICS**

To ensure timely processing of request, please print all information and fill out completely.

Patient Legal Name: _____

DOB: _____
mm/dd/yyyy

I hereby authorize the following facility to disclose Protected Health Information of the patient listed above.

FROM: _____
Name: _____
Address : _____

Phone: _____
FAX: _____

TO: Lone Tree Pediatrics
10099 RidgeGate Pkwy #360
Lone Tree, CO 80124
Phone: (303) 798-3247
Fax: (303) 798-3248

I authorize the healthcare provider to release the above-named medical records and information (check all that you would like released).

Printed Name of Patient/Parent or Guardian

Signature

Date