



Lone Tree Pediatrics
10099 RidgeGate Pkwy # 290
TEL (303) 798-3247 FAX (303) 798-3248
info@lonetreepediatrics.com
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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: _____

Lone Tree Pediatrics
10099 RidgeGate Pkwy #290
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