Lone Tree Pediatrics

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Lone Tree, CO. 80124
Phone: (303)803-1005
FAX: (303) 798-3248

Littleton Office:
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Littleton, CO. 80122
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E-mail: info@lonetreepediatrics.com
Website: 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: _____
_____
Address: _____
_____
Phone: _____
FAX: _____

TO: (Choose an office from above)
_____
_____
Address: _____
_____
Phone: _____
FAX: _____

Type of Information to be released:
(Please check one)

- ☐ Copy of entire Chart
- ☐ Summary of entire chart (growth chart, problem list, immunizations)
- ☐ Health Information related to the following treatment, condition and/or date(s):
  _____
  _____
  _____
  _____

I authorize the healthcare provider to release the above named medical records and information.

_____
Printed Name of Patient/Parent or Guardian

_____ _____
Signature Date