South Denver Gastroenterology, P.C.

10103 Ridge Gate Pkwy
Suite 312
Lone Tree, CO 80124

9397 Crown Crest Blvd
Suite 221
Parker, CO 80138

499 E Hampden Ave.
Suite 420
Englewood, CO 80113

Phone: 303-788-8888 or 303-790-7334
Fax: 303-790-2567 or 303-788-6452

Authorization to Release Medical Records

Physician or Facility to Release Records (From) _____

Patient Name _____

Date of Birth _____ Last 4 of SSN# _____

Information Requested:

____ Procedure Reports
____ Pathology Reports
____ Lab/Blood work
____ Radiology
____ Entire Chart
____ Other _____

Release Records (to):

Name _____ Phone _____

Address _____ Fax _____

_____

_____

By signing this form, I authorize the healthcare provider to release the information listed above, which may include the following: Drug Abuse, Substance Abuse, Psychological/Psychiatric issues and/or AIDS/HIV.

Patient Signature

_____ Date _____

Person Authorized to Sign for Patient

_____ Date _____