Sky Ridge Medical Center 10103 Ridgegate Parkway Suite 312A Lone Tree, CO 80124

FAX: 866-456-4594 FAX: 866-896-1158

Parker Office 9397 Crown Crest Blvd Suite 221 Parker, CO 80138

Swedish Medical Center 499 East Hampden Suite 420 Englewood, CO 80113 FAX: 866-896-1158

Castle Rock Office 3911 Ambrosia St Suite 201 Castle Rock, CO 80109 FAX: 844-347-5158

Phone: 303-788-8888 or 303-790-7334 Email: Medical_records@gutfeelings.com

Authorization to Release Medical Records

,	cords (From)	
	Last 4 of SSN#	
Information Requested:		
Procedure Reports	Entire Chart	
Pathology Reports	Other	
Lab/Blood work		
Radiology		
Release Records (to):		
Name	Phone	
Address	Fax	
By signing this form, I authorize the heal Drug Abuse, Substance Abuse, Psycholog	thcare provider to release the information listed above, which	may include the following
	Date	_
Patient Signature		
	Date	_
Person Authorized to Sign for Patient	<u> </u>	