



201 West Park Drive
Grand Junction, CO 81505
Phone: (970) 242-0162
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RECORDS RELEASE AUTHORIZATION

To release records to another medical facility

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize Colorado Injury & Pain Specialists to release copies of any medical records in their possession, including the actual x-ray films concerning my illness and/or treatment period.

Specific Dates (From): \_\_\_\_\_ (To): \_\_\_\_\_

Entire Medical File (Standard two years of information, unless otherwise specified) ("All" is not an acceptable date range)

Please send to the following address:

Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

REASON FOR REQUEST FOR MEDICAL RECORDS

- Litigation/Attorney Request
Disability Request
Another Provider
Returning to PCP for Treatment
Going to Another Pain Management Provider
Leaving Area
Discharged From Practice
Other:

- If this authorization is not completed in its entirety, it will be returned. This will result in the information not being released until the form is properly completed.
There may be a charge for these records. Payment must be received before the records will be released.
The Medical Records Department reserves the right to only send what they deem as medically necessary.
Records will ONLY be released directly to the medical facility or patient, and not to friends, spouses, or family members.