



201 West Park Drive  
Grand Junction, CO 81505  
Phone: (970) 242-0162  
Fax: (970) 242-1097

**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    | _____ Going to Another Pain Management Provider |
| _____ Disability Request             | _____ Leaving Area                              |
| _____ Another Provider               | _____ Discharged From Practice                  |
| _____ Returning to PCP for Treatment | _____ 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.