



Orthopedics & Spine Center

AUTHORIZATION TO USE AND DISCLOSE PRIVATE HEALTH INFORMATION. (It may take up to 5 – 7 business days to process your request)

Patient Name _____ Date of Birth _____
Address _____ Social Security # _____
City _____ State _____ Zip Code _____ Phone _____

Clinic: Information released from:

Clinic Name/Provider _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Fax _____

Recipient: Information released to:

Clinic Name/Provider _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Fax _____

Information to be disclosed:

_____ All Medical Records _____ Billing _____ Clinic visit notes
_____ X-ray Films _____ X-ray Reports _____ Lab Results
_____ Special Tests _____

Reason for Release:

_____ Legal _____ Consult/Second Opinion _____ Insurance Change
_____ Selected New Physician _____ Moving out of Town _____ Upcoming Appt
(Date) _____
_____ Personal (Copying Service will call you with the fee before processing your request).

Note: If over 20 pages we are unable to fax these records they will be mailed.

Revocation: I understand that I may revoke this consent at any time in writing and that the consent will automatically expire 90 days from the date of my signature. I do not authorize further release to any third party. I understand that once information is released under this authorization, my physician (s) and their employees cannot prevent the redisclosure of that information.

Authorization: I authorize the above provider to release the information marked above to the recipient.

Signature of Patient/Guardian _____ Relationship to Patient if signed by Guardian _____

Today's Date _____ Reason Patient Unable to Sign _____

Date Received _____ Date Records Copied _____ By _____

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800-258-5250: Toll Free
303-233-8755: Fax
thepractice@panoramaortho.com

North Office
8510 Bryant Street, Suite 120
Westminster, Colorado 80031
303-452-8001: Office
303-452-1167: Fax

South Office
7851 S. Elati Street
Suite 103
Littleton, Colorado 80120
720-497-6170: Office
720-497-6171: Fax

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