



MEDICAL RECORDS FAX #- 720-497-6734
MEDICAL RECORDS EMAIL: mrecsrequests@panoramaortho.com
MEDICAL RECORDS PHONE #- 720-497-6690
PLEASE ALLOW UP TO 30 BUSINESS DAYS TO OBTAIN RECORDS

RELEASE OF INFORMATION FORM
AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION
PURSUANT TO 45 CFR 164.508

PATIENT NAME: DATE OF BIRTH: PHONE #:

ADDRESS:

RECORDS REQUESTING DATE(S) OF SERVICE REQUESTED: THRU:

RELEASE RECORDS TO:
Address/ Phone #/ & Fax #

IMAGING ON CD NEEDED: YES/ NO \*MAIL CD / PICK UP CD / EMAIL IMAGE LINK (CIRCLE ONE)
EMAIL: IMAGING LINK TO BE EMAILED TO PATIENT ONLY

WE ONLY EMAIL THE MEDSTRAT LINK FOR IMAGES WE DO NOT EMAIL MEDICAL RECORDS
ELECTRONIC IMAGE SHARING TO PROVIDERS THROUGH POWERSHARE ASK YOUR PROVIDER FOR THIS OPTION

PROVIDER POWERSHARE- YES/ NO PROVIDER LINK OR LOCATION:

PATIENT PICK UP AT LOCATION:
(CIRCLE ONE ONLY IF PICKING UP, WE WILL CALL WHEN READY FOR PICK UP)

- GOLDEN 660 GOLDEN RIDGE ROAD SUITE 250 GOLDEN, CO 80401
HIGHLANDS RANCH 1060 PLAZA DRIVE SUITE 200 HIGHLANDS RANCH, CO 80129
ORCHARD PARK 14190 ORCHARD PKWY WESTMINSTER, CO 80023

Revocation: I understand I may revoke this authorization at any time in writing. Cancellation of this authorization does not apply to any records previously released in reliance of this authorization. The maximum period for release of records without updated authorization is one year. A copy of this form is as valid as the original. I understand that once my information is released under this authorization, my physician (s) and their employees cannot prevent the re-disclosure of that information.
Authorization: I authorize Panorama Orthopedics & Spine Center to release the information as marked above to the designated recipient(s).

PATIENT/ GUARDIAN SIGNATURE: DATE:

RELATIONSHIP TO PATIENT:

RECORDS FROM 11/01/2022 TO PRESENT
AVAILABLE ON MYCHART http://epic.mycenturahealth.org
ALL RECORDS PRIOR TO 11/01/2022 INCLUDING ALL
PHYSICAL THERAPY NEED TO BE REQUESTED BY
FILLING OUT THIS FORM.
FORM UPDATED 2023