

Right Balance Hormone Health

7750 South Broadway
Suite 200
Littleton, CO 80122
Phone (303) 730-6000
Fax (303) 730-1445



David J. Watson, M.D.
Bruce R. Dorr, M.D.
Jeannie Key, WHC-BC, N.P.
Katherine Tiedt, WHC, N.P.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient's Name: _____ Date of Birth: _____

Phone Number: _____

Purpose for this request: (check one)

Personal

Transfer of Care

Type of Records Requested: (check one)

All Medical Records (as allowed by law) _____

I Authorize the release of HIV and STD results and psych notes _____
(Signature)

Specific Information: _____

Office Name: _____

Street Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

TO SEND MY MEDICAL RECORDS TO LITTLETON GYNECOLOGY & WELLNESS AT THE ADDRESS ABOVE.

LITTLETON GYNECOLOGY & WELLNESS TO SEND MY MEDICAL RECORDS TO THE ABOVE NAMED DOCTOR'S OFFICE.

Patient Signature _____ Date _____