Request for Release of Medical Records

To: Wettstein Endocrinology @ Healing Horizons
2139 N 12th St #7
Grand Junction, CO 81501-2910

RE:

Provider:_____

Address:_____

City:_____ State:_____Zip:_____

Phone:_____ Fax:_____

Patient:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____

Signature: _____ Date:_____