

ALLERGY & ASTHMA CENTER OF THE ROCKIES
RECORDS RELEASE

WILLIAM A. LANTING, MD
FORT COLLINS: 1029 ROBERTSON ST 80524
GREELEY: 8223 W.20 ST SUITE B 80634
FORT MORGAN: 1000 LINCOLN ST
STERLING: 1405 S. 8". AVE SUITE 102

FORT COLLINS OFFICE: (970) 227-4611 FORT COLLINS FAX: (970) 282-1785

GREELEY OFFICE: (970) 978-4114 GREELEY FAX: (970) 978-4264

I DO HEREBY AUTHORIZE MY PHYSICIAN TO: OBTAIN RECORDS OR SEND
 RECORDS :
 PLEASE CHECK WHICH ONE YOU ARE REQUESTING

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| PLEASE PRINT THE FULL NAME, ADDRESS AND PHONE NUMBER OF THE PHYSICIAN OR FACILITY | | |
| RELEASE THE RECORDS INDICATED: | | OFFICE APPOINTMENT NOTES |
| | | LABS/XRAYS/CT SCANS/SPIROMETRY/ETC |
| | | IN-OUT PATIENT REPORTS |
| | | ALLERGY SERUM |
| | | COMPOSITION SHEET / INJECTION RECORD |
| | | INJECTION HISTORY |
| | | ALL RECORDS |

 PATIENT'S FULL NAME-PLEASE PRINT

 DATE OF BIRTH

 DATE

 PATIENT OR GUARDIAN SIGNATURE

 WITNESS INITIALS

 DATE

DATE RECORDS SENT/ PICKED UP: _____