ALPINE NEUROLOGY, P.C.

NEUROLOGY AND ELECTROMYOGRAPHY

13111 E Briarwood Ave., #200

Centennial, CO 80112

Phone: 303.493.1922 Fax: 303.493.1926

Steven Gulevich, M.D **Yury Gadayev, PA-C**

AUTHORIZATION TO RELEASE MEDICAL RECORDS/INFORMATION

Patient's Name _____

Date of Birth _____

Address _____

Phone Number _____

Email _____

I (The Patient)_____
request Alpine Neurology to release following medical records:

Complete Medical Record

to me, The Patient, for my personal use. I am aware or the potential for information pursuant to this Release to be subject to redisclosure by me and so may no longer be protected.

I authorize following persons to take possession of my physical medical records on my behalf:

Name _____ Relationship _____

Name _____ Relationship _____

_____ _____

Patient's Signature Person Authorized to Sign for Patient

_____ _____

Date Signature