



9397 Crown Crest Boulevard Alpine Building Suite 401 Parker, CO 80138 | PHONE: 303 • 697 • 1636 FAX: 303 • 805 • 9948

Authorization to Release Medical Information

I authorize _____

To release medical information to:

Consultants in Nephrology and Hypertension.

Oscar G. Dominguez M.D., Behram Mohmand, MD, Yisfaelem Alamdew, MD
9397 Crown Crest Blvd. Suite 401,
Parker, CO 80138

Fax all information to:

303-805-9948

- History and physical, discharge summary, consultation notes, all laboratory and radiology studies from hospitalization in: _____
- All labs from the past 12 months.
- Last two Office notes / Progress notes.
- Imaging reports involving abdomen and pelvis (Ultrasound, CT, MRI)
- Other : _____

I understand that I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above-named practice based on this authorization.

(Patient name)

(Previous name, if any)

(Date of birth)

(Signature)

(Date)