



Why Weight Colorado
10268 W Centennial Rd Ste 204
Littleton, CO 80127

Medical Release of Information

Name: _____ Date of Birth: ____/____/____

I authorize the release of information including the diagnosis, records, examinations rendered to me claims information. This information may be released to:

Spouse: _____

Child(ren): _____

Other: _____

Information is not to be released to anyone.

This ***Medical Release of Information*** will remain in effect until terminated by me in writing.

Messages:

Please call: mobile number Other: _____

If unable to reach me:

You may leave a detailed message

Please leave a message asking me to return your call

You may text me the message

Signature: _____ Date: _____