

WESTERN ORTHOPEDICS AND SPORTS MEDICINE

2020 NORTH 12TH STREET
GRAND JUNCTION, CO 81501
970-245-0484



Request Release for Medical Records

Date: _____

Patient's Name: _____
(Please Print)

Date of Birth: _____ Social Security Number: _____

I hereby request my medical records be release:

From:

Name

Address

City State Zip

To:

Name

Address

City State Zip

Records Requested:

- Operative Reports
- X-Ray report
- X-Rays
- Office Notes
- All Medical Records
- Other _____

Signature: _____

Comments: _____
