Internal Medicine: Dmitriy Pales, DO

South Denver Physicians PLLC, 13111 E. Brigrwood Ave, Suite-370 Centennial, CO 80112 Phone: 720-441-4410, Fax: 1-888-474-7158

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name:				Date of B	Birth:	·	 	
Previous Name:			Social Security #:					
I request and au release healthca	thorize e informa	tion of the patient I	named above to	:				to
	Name:	South Denver Ph	ysicians PLLC			<u></u>		
	Address	ss: 13111 E Briarwood Ave, #370						
	City:	Centennial		State:	_CO	Zip Code:	80112	<u>-</u>
This request and	authoriza	tion applies to:						
All Healthcare In	formation	available (Radiolog	y, notes, dictati	ons, lab r	results)			
Datient Signatur	. .				Date Signed:			