Internal Medicine: Dmitriy Pales, DO

Neurology and Neurodiagnostics: Elina Pales, D.O.

South Denver Physicians PLLC,
13111 E. Briarwood Ave, Suite-370
Centennial, CO 80112
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# AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: ____________________ Date of Birth: ____________________________

Previous Name: ____________________ Social Security #: __________________________

I request and authorize South Denver Physicians PLLC to release healthcare information of the patient named above to:

Name: ____________________________________________________________

Address: __________________________________________________________

City: _______________________ State: _________ Zip Code: ____________

This request and authorization applies to:

_______________________________________________________________________________

Patient Signature: ______________________________ Date Signed: ______________________

Please email me the requested records to my email (email address ________________________________)
I understand that my records will be sent from South Denver Physicians PLLC gmail account. I further understand that South Denver Physicians PLLC is not able to guarantee the security and confidentiality of the records sent through the email.

Patient Signature: ______________________________ Date Signed: ______________________