



EYE
CENTER
OF THE
ROCKIES

Dr. Matthew Ehrlich, MD
Board Certified Ophthalmologist
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Glenwood Springs, CO 81601

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Request to Release Patient Health Information to Outside Physician

Last: _____ **First:** _____ **Middle:** _____

Other Names Used: _____ **Date of Birth:** _____

Phone Number: _____

I hereby request access to the protected health information in my health record from (date) _____ to (date) _____ maintained or created by the following providers associated with the office below.

- | | |
|--|--|
| <input type="checkbox"/> Most recent Progress Note | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Pathology/Lab Reports | <input checked="" type="checkbox"/> Entire Health Record |
| <input type="checkbox"/> X-rays Reports | <input type="checkbox"/> |
| <input type="checkbox"/> Photos | Other _____ |
| <input type="checkbox"/> Billing Records | |

Records To:	Records From:
Name:	Name: MATTHEW EHRLICH, M.D. Eye Center of the Rockies
Address:	Address: 1607 Grand Ave. Ste. 31 Glenwood Springs, CO 81601
Phone:	Phone: 970-928-0105
Fax:	Fax: 970-945-9793

Signature of Patient, Parent, or Legally Authorized Representative

Relationship to Patient

Date