

UNIVERSITY HEALTH SERVICES, PC

Serving the Medical Needs of the UNC Family

1901 10th Ave.
 UNC-Health Center-Cassidy Hall Campus Box 37
 Greeley, Co 80639
 Phone: 970-351-2412 Fax: 970-351-2427

I authorize:

University Health Services

Other:

Company, Person, Facility	Phone Number
Address	Fax Number
City	State
	Zip Code

To disclose the following information from the health record of:

Patient Information	Patient Name	Date of Birth
	Address	Phone Number
	City	Bear Number
	State	Zip Code
Information Requested	<input type="radio"/> All pertinent records <input type="radio"/> Women's Health Annual/Pap <input type="radio"/> Labs <input type="radio"/> X-ray Results	<input type="radio"/> Other: _____ Dates of Service: _____
Purpose	<input type="radio"/> Self <input type="radio"/> Continuing Medical Care <input type="radio"/> Other (Specify Reason) _____	
Information to be Given to	<input type="radio"/> University Health Services <input type="radio"/> Other: _____	
	Company, Person, Facility	Phone Number
	Address	Fax Number
	City	State
		Zip Code

Signature of Patient

Date