



Arvada Location
8030 Lee Drive • Arvada, CO 80005
T 303.421.6873 F 303.421.9922

Broomfield Location
3830 W. 121st Place • Broomfield, CO 80020
T 303.410.8041 F 303.410.8044

www.arvadapeds.com

Authorization for Release of Medical Information

Patient 18yrs +

Patient Name: _____

DOB: _____

I hereby authorize:

(Please Print)

(Relationship to Patient)

(Please Print)

(Relationship to Patient)

the above named to: (initial all that apply)

_____ Schedule and/or cancel appointments

_____ Inquire about past/current/future appointments (dates ONLY)

_____ Request/Pick up forms

Valid for 365 days from date of signature.

I understand that I may revoke this consent at any time by notifying Arvada Pediatrics in writing.

Patient Signature

Date