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Records Release From:

Four Corners OB-GYN

#1 Mercado St. Ste: 105

Durango, CO 81301

Tel: 970-382-8800

Fax: 970-382-0122

Email: info@fourcornersobgyn.com

Date Requested: ___/___/___ Date Released: ___/___/___ Release Format: () Mail () Fax () Pick Up

() Release to Patient

() Release to 3rd Party

Please note that this form must be filled out completely. Incomplete forms will not be processed

Patient Name: _____ Former name: _____

Date of Birth: PLEASE CALL US! _____ Social Security #: ___ LAST 4 ONLY- _____

Address: _____

Phone: _____ Fax: _____

() Releases records
 FROM Four Corners OB/GYN TO
 the below organization:

- OR -

() Requesting records
 FROM the below organization
 TO Four Corners OB/GYN:

3rd Party Name: _____ Doctor Name: _____

Address: _____

Phone: _____ Fax: _____

By signing I give written consent and authorize Four Corners OB-GYN to release all medical care information relating to testing, diagnosis, or treatment as specified on this form. I also understand that Federal Law protects the following information from being released along with my records unless directly specified in writing: 1) Mental or behavioral health, 2) Alcohol or drug abuse, 3) HIV and/or AIDS. In addition, I understand that I may be charged a fee to cover the processing and clerical costs incurred by the release of this information.

Signature: _____ Date: _____

Requestor on behalf of patient (print name): _____ Relationship to patient: _____

Medical records requested: (please mark all that apply):

- () All Medical Records
- () Lab Reports
- () Pathology
- () X-Ray/Ultrasound
- () Hospital
- () Correspondence
- () Other (please specify): _____

Purpose for which records are being released:

- () Changing Providers
- () Moving
- () Insurance Claim
- () Worker's Compensation
- () Legal
- () Referral
- () Other (please specify): _____

****Please note may take 7 to 10 business days to process your request****

Mercy Medical Plaza • 1 Mercado Street, Suite 105 • Durango, CO 81301

Tel 970-382-8800 • Fax 970-382-0122 • www.4cobgyn.com

For Office Use Only:

- () Doctor Request
- () Patient Request
- () Requestor ID verified
- () Reviewed by Doctor
- () Release Fee received
- () Release Fee Waived
- () Record in Log book
- () Record in Pt file