MARK BARTER, M.D.
ENDOCRINOLOGY AND METABOLISM

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Westminster, CO 80031
P 720.872.2321 F 303.451.9244

Patient's Name: _____ Date of Birth: _____ Phone: _____

Previous Name: _____ Social Security #: _____

I request and authorize: **Mark Barter, M.D.** to release healthcare information of the patient named above to:

Name: _____ Phone: _____

Address: _____ Fax: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information: _____ other: _____

◯ Yes ◯ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____