1800 30th Street, Suite 215
Boulder, CO 80301
303-546-9201
fax 303-545-5080
www.pacephysicaltherapy.com
www.westtherapies.com

Trevor Pace PT, DPT, MS
Chris West MPT
Darcy Vanderbie MPT
Paul Fohrman MPT, OCS
Katie Andrews, DPT

Records Release Form

Date:_____

Patient:_____

I consent to have all of my medical records, pertaining to my current injury and/or condition, released from:

Physician/Department: _____

Address:_____
_____
_____

Phone:_____
Fax: _____

Specific medical documents requested:
_____
_____
_____
_____

Sent to:
Pace + West Physical Therapy
1800 30th St. Suite 215
Boulder, Co. 80301
303-546-9201
Fax: 303-545-5080

Patient Name Printed:_____ DOB: _____

Patient Signature:_____ Date: _____