



Clear Sky MedicalTM

Wellgeivity & Aesthetics

9085 E. Mineral Circle, Suite 260 Centennial, CO 80112
www.ClearSkyMedical.com Tel: (303) 790-7860

Transfer of Records to Clear Sky Medical Request

I hereby authorize and request:

Clinic/Physician: _____

Address: _____

City, State & Zip code: _____

Phone #(REQUIRED) _____ Fax#: _____

To release any and all medical records of:

Patient (last/first/middle initial): _____

Address: _____

City, State & Zip code: _____

Phone #: _____ Date of Birth: _____

Please provide all information to:

Clear Sky Medical PC
9085 E. Mineral Circle #260
Centennial CO 80112
Phone # 303-790-7860
Fax # 303-242-8216

I understand that this consent can be revoked at any time except to the extent that the disclosure made in good faith has already occurred in reliance on this consent. Without prior revocation, this authorization will automatically expire 90 days from this date.

BY STATE LAW YOU MUST BE ADVISED THAT: The information Authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to disease such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as acquire immune deficiency syndrome (AIDS).

Patient Signature or Legal Guardian/relationship: _____

Date: _____