



**Geeta Lalwani, M.D.**  
**Vlad Matei, M.D.**  
 Board Certified Ophthalmologists  
 Fellowship-Trained Vitreoretinal Surgeons

## MEDICAL RECORDS REQUEST

Patient Name		
Address		
City	State	Zip Code
Phone Number	DOB	SSN

- Release my medical records to myself
- Release my medical records from Rocky Mountain Retina Associates to the following provider:
- Release my medical records from the following provider to Rocky Mountain Retina Associates:

Practice / Physician Name		
Address		
City	State	Zip Code
Phone Number	Fax Number	

I hereby give the releasing facility permission to disclose my individually identifiable health information. I understand that once this information is disclosed, it may no longer be protected by Rocky Mountain Retina Associates. I understand that this authorization is voluntary and that there may be a cost to copy the records.

Signature of Patient / Legal Representative	Date
If Legal Representative, Print Name	Relationship to Patient

Pursuant to Colorado Revised Statute 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4, there will be a fee associated with copying and releasing of medical records. Records forwarded to a physician for continuation of care will not be assessed this fee. As a courtesy to our patients, there will not be a fee for records exceeding 9 pages. You will receive an invoice with your protected health information. Payment is due upon request.

Rocky Mountain Retina Associates | Boulder | Denver | Longmont | Fort Collins  
 Phone: 303.900.8507      Fax: 303.578.7823