Pediatric Associates of Cañon City

PO Box 780 Brighton, CO 80601 Formerly located at:

1335 Phay Ave., Suite A Cañon City, CO 81212

Ellen L. McCormick, MD Janet Krein, PA-C

Medical Records Release Form

<u>Patient</u>	Name	Date of Birth	
1)			
2)			
4)			
	Records To:		
Name:			
Address:			
• Immun	edical records to include: ization record al records for the last 2 ½ year	s of the practice	
	Children over 18 years of a 3 weeks for delivery.	ge must request their own records.	
	records are also available wit), and many physician offices ı	h Fremont County Nursing Services, school reconnow using CIIS shot registry.	ds
*Records deliv	ery to local physician offices r	may be faster than mail to private addresses.	
Requested by:	·		
	(Print)	(Signature)	

Date: _____ Relationship to child(ren): _____

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For your convenience:

Mailing addresses of some local providers/offices (partial listing):

Dr. Elizabeth Wilson / Janet Krein, PA-C / Dr. Aaron Lloyd STMH Physician Group 614 Yale Place Canon City, CO 81212

Dr. Patricia Sabatini / Tara Guy, PA-C 1335 Phay Ave., Suite C Canon City, CO 81212

Dr. Marcus Button Button Family Practice 715 South 9th Street Canon City, CO 81212

Dr. Gary Mohr 730 Macon Ave. Canon City, CO 81212

Dr. Michael Banker 712 Macon Ave. Canon City, CO 81212

Dr. Robert McCurry 1210 Main Street Canon City, CO 81212