

Vail Valley Medical Center  
The Harold W. and Mary Louise Shaw Regional Cancer Center  
P.O. Box 40,000  
Vail, CO 81658  
Phone: (970)569-SHAW(7429)  
Fax: (970)926-8460

**Authorization for Release of Medical Records**

I hereby authorize \_\_\_\_\_

To release information from the medical records of:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Records specifically requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

Please forward records to:

Vail Valley Medical Center  
Harold W. and Mary Louise Shaw Regional Cancer Center  
P.O. Box 40,000  
Vail, CO 81658  
Phone: (970) 569-SHAW(7429)  
Fax: (970) 926-8460