



Mary Louder, DO/Cairn Medical Group
2595 Canyon Blvd, STE 220, Boulder, CO 80302
PH 303-722-9000 Fax 1-844-800-1478

RELEASE OF MEDICAL INFORMATION

I, _____, give permission to all my health care and medical services providers and payers to disclose and release my protected health information described below to:

MARY LOUDER, DO

2595 Canyon Blvd., STE 220

Boulder, CO 80302

Phone ~ 303-722-9000

Fax ~ 844-800-1478

This is for the purpose of consultation and/or ongoing care.

RELEASE OF INFORMATION FROM (list provider below):

SIGNED: _____ DOB _____

PRINTED NAME: _____ DATE: _____