



Alaska Colorectal Surgery, P.C.

2751 DeBarr Rd., Ste 280
Anchorage, AK 99508
Phone: (907) 222-1401
Fax: (907) 222-1402

Patient Name: Last First MI

Date of Birth: SSN:

Other known name:

I authorize Alaska Colorectal Surgery to release my medical records to the following:

Address:

Phone: Fax:

I authorize Alaska Colorectal Surgery to retrieve my medical records from the following:

Address:

Phone: Fax:

The above records are for periods covering: to

The above records concern a specific request:

Lab Results:

Current History and Physical

Test Results:

Other:

I would like these records sent via: FAX Number: US Mail

Signature (Patient, Parent, or Guardian)

Printed Name of Patient

Witness

Date