

MEDICAL RECORDS REQUEST FORM

***Please Sign and Complete the [Release of Information Form](#) with this Request Page**

Date of Request: _____

Patient Name: _____

Patient Date of Birth: _____

Requestor (name and organization):

Requestor contact information (phone and email):

Medical Records - Including Point of Care Urine Drug Screen Results

(Please check what record(s) are being requested or insert the requested date range)

All Medical Records

Last Visit Note

Requested Date Range of Records: _____

Treatment Verification Letter

(Please check what information must be included)

Treatment Start Date

Most Recent Appointment Date

Appointment Frequency

Medications and Dosage

Drug Screen Frequency

Drug Screen Results

Participation in Peer Support Services

Boulder Care Prescribed Medication List

(Please check what information must be included)

Medication Name

Medication Dose and Instructions

Medication Quantity

Prescriber Name

Request to Continue Care while Incarcerated

(Web-Based Appointments are Required to Continue Prescribing a patient's medications)