



Why Weight, LLC
10268 W. Centennial Rd Ste 204
Littleton, CO 80127

MEDICAL RECORDS RELEASE AUTHORIZATION

To: Why Weight, LLC
Debra Salter, MD
10268 W. Centennial Rd Ste 204
Littleton, CO 80127

Regarding: _____ Date of Birth: _____
Patient's Name

I, _____, (patient or legal guardian) hereby authorize Why Weight, LLC to release a copy of my medical records during the period from _____ to _____.

RELEASE FROM FACILITY OR PHYSICIAN:

Address: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Legal Guardian please state relationship: _____

Printed Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Witness Signature: _____ Date: _____

Completion Date: _____ Initials: _____