



6390 Gardenia Street, Suite 140  
Arvada, CO 80004  
720.898.1110  
720.898.1113 Fax

## Patient Representative Authorization

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Print Legal Name

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Date of Birth

*I give permission to the physicians and staff of Sports and Family Medicine of Colorado to discuss information regarding my healthcare with family member(s)/representative(s) listed below:*

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Name/Relationship

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Name/Relationship

*I authorize the family member(s)/representative(s) listed below:*

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Name/Relationship

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Name/Relationship

*...to pick up on my behalf:*

- Prescriptions/Drug Samples
- Medical Records
- Other (specify) \_\_\_\_\_

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Date

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Patient Signature