

STEVEN DWORETSKY, M.D.
PSYCHIATRIST
7600 EAST ORCHARD ROAD
SUITE 120 SOUTH
GREENWOOD VILLAGE, COLORADO 80111

TELEPHONE (303) 721-8821
FACSIMILE (303) 721-8820

Release of Information

I hereby authorize Steven Dworetsky, M.D. to:

RELEASE: verbal information • my psychiatric records
 Alcohol or drug abuse treatment • AIDS information

To: _____

OBTAIN: verbal information • records of previous medical psychiatric treatment
 Alcohol or drug abuse treatment • AIDS information

From: _____

- * A copy of this release is to be accepted as an original.
- * Unless stated otherwise this release will expire in 180 days.

SIGNED:

Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____