

Need a Copy of Your Medical/Dental/Lab Results?

Please send this form back with your medical packet or fax to the Medical Department
Fax: (303) 649-9275

(Please allow up to 30 days to process request)

Name: _____ DOB: _____
Last First MI

What information do you require? Please check applicable boxes.

Lab results Medical records Dental records (Note: X-rays cannot be reproduced)

Year(s) Requested: _____

How do you want the records sent to you? Please choose one option.

Direct Handed directly to participant

Fax Fax Number: _____

U.S. Mail Address: _____

I hereby authorize Raytheon Polar Services Medical Department to release copies of my records as indicated above.

Participant Signature

Date