

The Healing Center Allergy & Pain Clinic

**7100 E. Belleview Ave, Suite 109,
Greenwood Village, Colorado 80111
Phone 303.721.9800 Fax 303.721.8853**

Date: _____

Patient Name: _____ D.O.B _____

Dr's Name: _____

Phone: _____ Fax _____

Address: _____

City: _____ State: _____ Zip: _____

Please forward the following records to:

The Healing Center Allergy and Pain Clinic
7100 E. Belleview Ave. Suite 109
Greenwood Village, Colorado 80111
Fax: 303-721-8853

X-Rays **Medical Records** **Lab work**

Patient Signature for Release: _____

Patient Name Printed: _____

Thank you.

Dr. Marie Starling, D.C.



Dr. Marie Starling, D.C.
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