



**1305 Escalante Drive Suite 201
Durango, CO 81303
Phone: (970) 247-0042
Fax: 970-259-8837**

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_____ **All Medical Records**

_____ **Most recent annual exam report and findings**

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_____ **Alcohol and drug dependency information**

_____ **HIV results/information**

_____ **Other (please specify):** _____

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