(307) 237-5510
Fax: (307) 237-0607
770 East 2nd Street
Casper, WY 82601

RELEASE OF INFORMATION

I agree to allow Casper Women's Care, PC to release my personal health information, including office visits, test results, diagnoses, and procedures to the following person/people:

Name: ______________________ Relationship: __________________ Phone Number: __________________

Name: ______________________ Relationship: __________________ Phone Number: __________________

Name: ______________________ Relationship: __________________ Phone Number: __________________

Name: ______________________ Relationship: __________________ Phone Number: __________________

I have written my initials in the box above because I do NOT want any of my health information released to anyone.

No patient is obligated to allow the release of their personal health information. Please note that Casper Women's Care PC will not provide any personal health information to any person unless we have written consent from the patient.

Print Name: ______________________________ DOB: __________________

Sign Name: ______________________________ Date: __________________