



(307) 237-5510

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

Health care with a woman's touch.

Patient Name (print): _____

First

Last

M.I.

Phone # (____) _____

Other Name Patient may have on Record: _____

Social Security #: _____

Date of Birth: _____

Releasing Records From:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: (____) _____

Fax: (____) _____

Releasing Records To:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Please Send Copies of the Following:

- All Records
- Clinic Notes
- Last Pap
- Pre-Natal
- Labs

Other: _____

Reason for Needing Records: _____

Date Needed by: _____

Signature: _____ Witness: _____

Date: _____ Date: _____