



Health care with a woman's touch.

(307) 237-5510

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

Patient Name (Print): _____

First

Last

M.I.

Other Name Patient may have on Record: _____ Phone #: _____

Social Security #: _____ Date of Birth: _____

Releasing Records From:

Name: Casper Women's Care _____

Address: 770 East 2nd Street _____

City/State/ZIP: Casper, WY 82601 _____

Phone: (307)237-5510 _____

Fax: (307)237-0607 _____

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: _____