



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: _____

Address: _____

City/State/ZIP: _____

Phone: (____) _____

Fax: (____) _____

Releasing Records To:

Name: Casper Women's Care

Address: 770 East 2nd Street

City/State/ZIP: Casper, WY 82601

Phone: 307-237-5510

Please mail, fax, or email records to
Casper Women's Care as soon as
possible

Email: records@casperwomenscare.com

Fax: 307-237-0607

Please Send Copies of the Following:

- All Records Clinic Notes Last Pap Pre-Natal Labs

Other: _____

Reason for Needing Records: _____

Date Needed by: _____

Please allow at least 5 business days to process

Signature: _____ Witness: _____

Date: _____ Date: _____