4400 East 2nd Street
Casper, WY 82609
Phone: (307) 237-0998
Fax: (307) 237-3437

Release of Medical Records

I, _____ authorize _____

to release _____ medical records to Dr. Jason Whitman.

Information to be released: _____

Patient (or guardian) Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(This records release is valid for one year and may be revoked by the patient at any time)