

GEM CITY BONE & JOINT

LARAMIE CHEYENNE TORRINGTON WHEATLAND
DOUGLAS CASPER RIVERTON GILLETTE RAWLINS
ROCK SPRINGS GREEN RIVER SCOTTSBLUFF KIMBALL
ALLIANCE SIDNEY GERING

Richard B. Southwell, M.D.
Jay G. Carson, M.
Daniel E. Levene, M.D.

Michael Wasser, M.D.
Michael C. Kaplan, M.D.
Ryan A. Aukerman, M.D.
Bryan E. Scheer, M.D.

Lawrence A. Jenkins, M.D.
Thomas A. Bienz, M.D.
William S. Bodemer, M.D.

1909 Vista Drive, Laramie, Wyoming, 82070; Phone: 307-745-8851; Medical Records Fax: 307-742-5607

Authorization for Release of Medical Information

Patient Information:

Last Name: _____ First Name: _____

Previous Name(s): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

↓	INFORMATION TO BE RELEASED (Please Check)	DATE(S) OF SERVICE/DOCTOR
↓	Doctor's Notes	
↓	Lab and X-ray Reports	
↓	X-ray/MRI Films done at Gem City (Contact Radiology, ext. 427)	
↓	Operative/Procedure Reports	
↓	Physical Therapy Notes (Contact Physical Therapy, ext. 555)	
↓	Other	

Reason for Release (Please Check):

Doctor Self Attorney Insurance Workers' Compensation Other: _____

Recipient/Send Records To:

Name: _____ *Special Instructions:* _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I HEARBY AUTHORIZE GEM CITY BONE & JOINT TO RELEASE INFORMATION ON THE ABOVE NAMED PATIENT TO THE RECIPIENT INDICATED. GEM CITY BONE & JOINT IS HEREBY RELEASED FROM ALL LEGAL LIABILITY THAT MAY ARISE FROM SUBSEQUENT RELEASE OF THE INFORMATION REQUESTED.

Patient Signature: _____ Date: _____

-or-

Authorized Representative: _____ Date: _____

Relationship to Patient: _____

Witness: _____ Date: _____

Please check if records will be picked up at Gem City Bone & Joint

This section must be completed for all Alcohol/Drug/STIs/AIDS/HIV/Psychiatric Records. Alcohol/Drug/STIs/AIDS/HIV/Psychiatric Records are protected by Federal Regulation 42CFR, part 2. Release of such records requires specific consent. I hereby grant such specific consent.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____