



Casper Women's Care, PC

770 East 2ND Street
Casper WY, 82601
Phone: 307-237-5510
Fax: 307-237-0607

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 E. 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: _____

This release is valid for one year after the date it was signed unless stated otherwise

Signature: _____ Witness: _____

Date: _____ Date: _____