Jennifer Rasmuson, NP-C
1301 Avon St. Ste A, Sheridan, WY 82801
66 W. Angus St., Buffalo, WY 82834
Office: 307-752-8136
Fax: 307-785-1096

Authorization to Obtain Confidential Medical Records

Patients Name: _____DOB:_____

Patients Name: _____DOB:_____

Patients Name: _____DOB:_____

Patients Name: _____DOB:_____

Address_____Phone #: _____

I request that medical records for the person identified above be transferred from:

Clinic Name/Address: _____

Phone: _____Fax:_____

To the entity identified below: Purple Skies Health and Vitality Clinic, LLC
1745 S. Sheridan Ave., Ste D.
Sheridan, WY 82801
Fax: (307) 785-1096

Information to be released:

_____ Complete records

_____ Records of care from _____to_____only

_____ Records of care concerning the following condition(s):

_____

_____ Other (Specify)_____

I hereby authorize, allow and cause the release of information indicated above.

Patients Signature:_____ Date:_____

Parent/Guardian Signature: _____Date:_____