



House Call Medical Services, LLC

Phone: 316-722-2138

Fax: 833-464-2530

Release of Information

Patient Name: _____ **DOB:** _____

Previous Name: _____ **Social Security #:** _____

I request and authorize _____ to release my
healthcare information to the below practice/provider.

- House Call Medical Services, LLC
245 N. Waco, Suite 220
Wichita, KS 67202
316-722-2138 (Phone)
833-464-2530 (Fax)

This request applies to:

_____ Healthcare information relating to the following treatments, conditions, or dates:

I release any records pertaining to drugs, alcohol, or mental health treatment.

_____ All healthcare information.

_____ Other: _____

Patient Signature: _____ **Date:** _____

Patient Representative: _____ **Date:** _____