



LANDER 815 E. Main St. • Lander, WY 82520 • 307-332-9720 • Fax: 307-332-8206 RIVERTON 1223 E. Park St. • Riverton, WY 82501 • 307-856-7071  
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**RELEASE OF RECORDS AUTHORIZATION**

Gave to patient: \_\_\_\_\_  
Mailed: \_\_\_\_\_  
Faxed: \_\_\_\_\_

DATE: \_\_\_\_\_

FREMONT ORTHOPAEDICS, P. C.  
815 EAST MAIN STREET  
LANDER, WYOMING 82520

I hereby authorize you to release my medical records to:  
(Please put the name, address, phone and fax number where you want your records sent.)

\_\_\_\_\_  
\_\_\_\_\_

Release all information including the diagnosis and records of any treatment or examination rendered to me. (Please include all available x-rays (YES/NO).

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Birth Date

\_\_\_\_\_  
Witness Signature

