



LAWRENCE W. O'HOLLERAN, M.D., P.C.

Vascular and General Surgery

1616 E. 19th Street, Suite 8

Cheyenne, WY 82001

Telephone: (307) 637-5600

Fax: (307) 637-0249

Authorization to Release Medical Records/Information

Patient's Name: _____

Social Security #: _____ DOB: _____

Persons to Receive Personal Health Information:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

I understand that I may revoke this authorization at any time.

Patient Name: (Print)

Signature of Patient/Parent/Guardian
(Circle One)

Date