



2877 Overland Avenue, Suite C, Billings, MT 59102

Phone: 406-651-8197 Fax: 406-651-8196

Phone: 307-587-0777 Fax: 307-587-0779

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize NORTHERN ROCKIES NEURO-SPINE to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Reason for Transfer:

Consulting with another physician. Will continue as a patient at this clinic.

Moving

Preferred a different physician

Other _____

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.