



Washington University Physicians[®]

Washington University School of Medicine in St. Louis

I hereby authorize **Washington University Physicians** to transfer, release or obtain information on:

(Name of Patient)

(Date of Birth)

(Last 4 Digits of SSN)

OBTAIN FROM: (DO NOT LEAVE BLANK)	DISCLOSE TO: (DO NOT LEAVE BLANK)
<input type="checkbox"/> Dr(s). _____	_____ (Physician/Institution/Patient)
<input type="checkbox"/> Specialty _____	_____ (Attention)
<input type="checkbox"/> All Washington University Physicians <input type="checkbox"/> Non Washington University Physician (Please complete section below)	_____ (Address)
_____ (Physician/Institution)	_____ (Address)
_____ (Address)	_____ (City, State, Zip)
_____ (Address)	_____ (Phone) (Fax)
_____ (City, State, Zip)	_____ (E-mail address)
_____ (Phone) (Fax)	Select Delivery Method: <input type="checkbox"/> E-Delivery <input type="checkbox"/> Mail

For the purpose of:

- | | |
|--|---|
| <input type="checkbox"/> Continuing Medical Care | <input type="checkbox"/> Legal Purposes |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Security/Disability |
| <input type="checkbox"/> School | <input type="checkbox"/> Patient's Request |
| <input type="checkbox"/> Military | |
| <input type="checkbox"/> Other (specify) _____ | |

Date(s) of Treatment: Specific Dates: _____ thru _____

All dates

Please Check Specific Information Requested

- | | | |
|---|---|---|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Laboratory/Pathology Reports | <input type="checkbox"/> Office/Progress Notes |
| <input type="checkbox"/> Abstract Record (Office Notes, Procedures, Images, & Test Results Only) | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Operative Report/Notes |
| <input type="checkbox"/> Medication Records | <input type="checkbox"/> Verbal Communication Only | <input type="checkbox"/> Nurses Notes |
| <input type="checkbox"/> Other (specify) _____ | | |

Questions regarding Billing Records should be directed to Physician Billing Service (Phone: 314-273-0763)

Questions regarding Radiology Films should be directed to the Radiology Film Library (Phone: 314-362-2850)

