



MAIN OFFICE: 8100 S. Walker Avenue, Bldg. A, Oklahoma City, OK 73139
 Phone (405) 632-4468 Fax (405) 632-0436 Toll Free (877) 332-4468

R.J. Langerman, Jr., D.O.
 Derek West, D.O.
 Kyle V. McGivern, D.O.

Mehdi N. Adham, M.D.
 Brian Levings, D.O.

Daniel J. Jones, M.D.
 Brad Reddick, D.O.

Kristopher Avant, D.O.
 Matthew M. Diesselhorst, M.D.

Keri A. Borrer, PA-C
 Scott E. Hassell, PA-C

Jayne L. Royston-Locke, PA-C
 Nicole J. Carroll, PA-C

Katie Sears-Webb, PA-C
 Kyle E. Hollingsworth, PA-C

AUTHORIZATION FOR RELEASE OF REPORTS, RECORDS AND INFORMATION

I, _____, waive medical privilege, authorize, and request you furnish _____ and their representatives, any and all records, intake sheets, notes, charts, films, x-rays, insurance records, billing records, social security records, and any other information they may request, relating to any application, examination, test result, treatment, hospitalization, claim, prescription or drug furnished, including the diagnosis, prognosis, or opinion which may have been made or expressed concerning any condition I may have had or suffered in the past, now have, or may have in the future. I further request you permit the said party(s) to make copies, including photostatic copies, of all documents, materials, notes and records, including duplication of x-rays or other films, in your possession or control. You are authorized to treat copies of this authorization as original. The undersigned hereby states: I AM AWARE THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE INCLUDING, BUT NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

 Patient Name (Print Please) Patient Signature Date of Birth

 Social Security Number Physician's Name Today's Date

Please: Mail records to Name _____
 Address _____
 City _____ State _____ Zip _____

Fax records to Name _____ Fax # _____

Will pick up Please call when ready (Phone # _____)

PLEASE CHECK PHOTO ID