



NORTHEAST
WYOMING
PEDIATRIC
ASSOCIATES, P.C.

916 Jackson Avenue • Sheridan, Wyoming 82801 - 2708
(307) 672 - 6451 • 1-888-672-6451
FAX 672-1704

REQUEST FOR ANOTHER DOCTOR TO SEND RECORDS TO US

I, _____, hereby request
(name of parent or guardian)

(name and address of physician, hospital or clinic)

to send to: **NORTHEAST WYOMING PEDIATRIC ASSOCIATES, P.C.**
916 Jackson Avenue
Sheridan, WY 82801

information including diagnosis and records of any treatment or examination rendered to:

(name of child) (date of birth)

(name of child) (date of birth)

(name of child) (date of birth)

(name of child) (date of birth)

(name of child) (date of birth)

(signature of parent or guardian) (date)

(address)

(witness) (date)

It is our policy to exchange the *Minimum Necessary* Protected Health Information.