

# Jackson Pediatrics

James R. Little, M.D., F.A.A.P.

Elizabeth W. Ridgway, M.D., F.A.A.P.

Keri A. Wheeler, M.D., F.A.A.P.

Travis J. Riddell, M.D., M.P.H., F.A.A.P.

## Release and/or Request for Health Information

---

Patient's Name

---

Date of Birth

I hereby consent and authorize: Jackson Pediatrics  
P.O. Box 1029  
Jackson, WY 83001  
Phone: 307-733-4627  
Fax: 307-733-5184

- To release to
- To receive from
- To receive from and release to

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

Signature of Parent/Guardian

Date

---

Signature of Witness

Date