



# Washington University Physicians®

Washington University School of Medicine in St. Louis

Health Information Release Services  
660 South Euclid Ave., Campus Box 1219  
St. Louis, MO 63110  
Phone: 314.273.0453 | Fax: 844.868.1435  
(This fax # **ONLY** accepts authorizations)

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

\_\_\_\_\_  
(Name of Patient)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Last 4 Digits of SSN)

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

<b>Please Check Specific Information Requested</b>		
<input type="checkbox"/> All Records	<input type="checkbox"/> Laboratory/Pathology Reports	<input type="checkbox"/> Office/Progress Notes
<input type="checkbox"/> Abstract Record ( <b>Office Notes, Procedures, Images, &amp; Test Results Only</b> )	<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)

