



# ARTHRITIS CENTER OF NEBRASKA

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*Board Certified Rheumatologists Providing Comprehensive Rheumatologic Care and Osteoporosis Evaluation*

## Consent for Release of Information

Release Records to:

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

Release Records from: Arthritis Center of Nebraska

Please circle one

Dr. Melvin Churchill, Dr. Rick Chatwell,

Dr. Alan Jacobs, Dr. Robert Valente,

Kristi Tyndall, APRN, Anne Lorenz, APRN

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## Information to be released:

_____	Medical History (diagnoses sheet)	_____	Lab Reports
_____	Current Progress Notes	_____	X-ray reports
_____	Bone Density Reports	_____	Current EKG
_____	All of the above	_____	Other

Purpose:

\_\_\_\_\_

Patient's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Patient's Date of Birth:

\_\_\_\_\_

Social Security:

\_\_\_\_\_

\_\_\_\_\_  
Patient or Authorized Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed

Please note: This is a one time authorization used solely for the above requested records.