



# ARTHRITIS CENTER OF NEBRASKA

Melvin A. Churchill, MD  
Kristin A. Twidwell, PA-C  
Samone M. Wulf, PA-C

William J. Saalfeld, DNP

Rick C. Chatwell, MD  
Karis A. Lange, PA-C  
Kaila M. Steinkuhler, PA-C

*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 A. Churchill, William J. Saalfeld, DNP, APRN-NP,  
Karis A. Lange, PA-C., Dr. Rick C. Chatwell,  
Kristin A. Twidwell, PA-C, Samone M. Wulf, PA-C,  
Kaila M. Steinkuhler, PA-C  
3901 Pine Lake Road, Suite 120  
Lincoln, NE 68516 Fax: 402-328-0961

### 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.