RELEASE OF MEDICAL RECORDS
CHI / METHODIST

Date: _____ SS# _____

Patient Name: _____ Birth Date: _____

Address: _____ _____
(Street) (City)

_____ _____
(State) (Zip)

Phone Number: _____

I give consent to Bernard W. Douglas, MD to view and/or print my personal health information from the CHI Health EPIC System and Methodist Health Cerner System.

Signature: _____
(Patient or Legal Guardian)

Beyond Care Pediatrics, LLC
16945 Frances St, STE 200B
Omaha, NE 68130

Phone: (402) 991-5690
Fax: (531) 600-6282
Web: www.beyondcarepeds.com