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Jerry W. Sonkens, M.D.
Randal W. Swenson, M.D.
David K. Palmer, M.D.
John E. Butler, M.D.

RECORDS RELEASE

Date _____

To: _____
(Provider/Physician's Name)

RE: _____
(Patient's Name)
_____/_____/_____
(Date of Birth)

I hereby authorize you to release to:

(Please check the Doctor that applies)

- Jerry W. Sonkens, M.D.**
- Randal W. Swenson, M.D.**
- David K. Palmer, M.D.**
- John E. Butler, M.D.**

**any information including the diagnosis and records of any treatment or
examination rendered to me during the period from _____
to _____.**

Signature

Witness