BENRUS SURGICAL
AT BARNES-JEWISH ST. PETERS

TO WHOM IT MAY CONCERN:

I, the undersigned, do hereby authorize release of my medical records and any other information relative to my treatment of _____.

Records to be faxed/mailed to: BENRUS SURGICAL AT BJSP
6 JUNGERMANN CIRCLE, SUITE 205
SAINT PETERS, MO 63376
FAX # 636-441-5290

PATIENT NAME: _____

DATE OF BIRTH: _____ PHONE # _____

_____
SIGNATURE OF PATIENT (GUARDIAN IF PATIENT IS A MINOR)

Daniel J. Bergmann, MD, FACS • Kenneth A. Hacker, MD, FACS • Laurel A. Yeager, MD, FACS • Jennifer L. Etling, MD, FACS • Jerad P. Miller, MD, FACS

6 Jungermann Circle, Suite 205 • St. Peters, MO 63376
636.441.2122 main • 636.474.0606 exchange • 636.441.5290 fax • www.benrussurgical.com • www.bjsph.org/Benrus