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Fax to: (913) 341-6207 **Release of Information Form** Date: ١, authorize The Great Plains Laboratory, LLC to release medical information and/or test results to: (Print Name) Street Address: City, State, Zip: Phone: Fax: Email Address: Patient Name: Date of Birth: Authorizing Physician Name (print): Authorizing Physician Signature (required): Patient / Guardian Name (print): Patient / Guardian Signature (required):

Fax this completed form to The Great Plains Laboratory, LLC (913) 341-6207. For assistance, contact Customer Service by phone (913) 341-8949 or email CustomerService@GP-Labs.com.