The Great Plains Laboratory, LLC

Release of Information Form

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Release of Information Form	Fax to: (913) 341-6207
Date:	
I, 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@GPL4U.com.