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www.bighornfamilymed.com

Send Records TO Big Horn Pediatrics & Family Medicine

Requesting Records From: _____

Address: _____

Phone: _____ Fax: _____

This form will only be used to release records to the individual or for treatment, payment, or health care operations purposes, as permitted by the Privacy Rule.

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Records: ☐ All ☐ Immunization ☐ Other ☐ Newborn Discharge

Send Records To: Big Horn Pediatrics & Family Medicine
1308 W. 4th Street
Gillette, WY 82716
Phone: 307-687-1300 Fax: 307-682-1309

Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____

Gillette Clinic
PH: 307-687-1300 FAX: 307-682-1309
1308 West Fourth Street, Gillette, WY 82718
frontdesk@bighorn.pcc.com

Buffalo Clinic
PH: 307-620-8845 FAX: 307-285-9029
38 N. Desmet Ave. STE 1, Buffalo, WY 82834
bhpfm@bighorn.pcc.com