

Release of Medical Records
CADUCEUS MEDICAL PARTNERS

406-696-0409

Patient Name: (Printed)

Date of Birth

Name of Institution/Facility records are being requested from:

Address:

Fax Number: _____ Date requested: _____

Please send any and all medical records including imaging reports, labs and medication prescriptions to the following Physician in relation to the following condition(s) and/or dates:

Dr. Michael Uphues, DO

**3600 Marathon Drive
Billings, MT 59102**

MT State ID: 10187

Fax Number: 406-969-2447

Patient Signature _____ Date _____