

Tanglewood Family Medical Center, P.A.  
606 Mulberry  
Derby, KS 67037

## RELEASE OF INFORMATION TO FAMILY AND FRIENDS

I authorize Tanglewood Family Medical Center to release my medical information to the following:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date