

# Oasis Release Of Information

*This form gives permission to communicate with your other healthcare providers to exchange chart notes, laboratory values, etc.*

## 1) Provider Name

## Provider Phone Number

## 2) Provider Name

## Provider Phone Number

## 3) Provider Name

## Provider Phone Number

## Your Information

### Name

### Phone

### Parent/Guardian Name (if under 18)

**Signature**

*(This will require your client's signature)*