



**Nick Sarrimanolis, MD LLC
Internal Medicine**

1867 Airport Way, Suite 145B
Fairbanks, AK 99701

907.451.1174
Fax 907.451.1173

Patient Name:	_____
Chart Number:	_____
Date of Birth:	_____
Address:	_____

Social Security Number:	_____

I hereby authorize Nick Sarrimanolis, M.D., LLC to:	
_____ Release information to:	_____ Obtain information from:
Person/Agency:	_____
Address:	_____

City/State/Zip:	_____
Phone:	_____ Fax: _____

Purpose of Information:

Information Requested:

_____	_____	_____
Signature of Patient	Date	Picture ID #

If patient is a minor or unable to sign:

_____	_____	_____
Signature of Guardian	Date	Picture ID #

_____	_____
Witness	Date