



Jackson Hole Fire/EMS

Release of Patient Information

I would like to request a copy of the ambulance report from my treatment on the following date: \_\_\_\_\_

*(Please Print)*

Date of Request:\_\_\_\_\_

Patient Name (Print):\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone:\_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**