Michael J. Barnthouse, M.D.
www.drbarnthousegyn.com

St. Joseph's Medical Center
1010 Carondelet Drive, Suite 105
Kansas City, Missouri 64114
Phone (816) 941-0700
Fax (816) 941-4189

I,_____,_____
Name of Patient Date of Birth

GIVE PERMISSION TO MICHAEL J. BARNTHOUSE, M.D. TO DISCUSS MY MEDICAL CARE, AS SPECIFIED BELOW, WITH THE FOLLOWING INDIVIDUAL(S):

_____,_____
Name Relationship to Patient

_____,_____
Name Relationship to Patient

_____,_____
Name Relationship to Patient

_____ANY & ALL INFORMATION

_____INFORMATION REGARDING DATE(S) OF SERVICE(S):_____

_____INFORMATION REGARDING DIAGNOSIS &/OR TREATMENT OF:_____

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

_____ _____
Signature of Patient Today's Date