



# Gastroenterology

SPECIALISTS OF OREGON, P.C.

Formerly Clackamas Gastroenterology Associates, P.C.

S. Jon Mason, M.D. • Michael F. Sheffield, M.D

Mark S. Schiele, M.D • Ronald J Lew, M.D

C-Y Michael Chang, M.D. • Michelle C. Beilstein, M.D

• Jeffrey Douglass, M.D.

Jennifer Kuhn, A.N.P. • Marsha R. Davidson, F.N.P.

Rebecca Sawallich, F.N.P

• PHYSICIANS AND NURSE PRACTITIONERS •

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Release of Information

My medical or billing information may be released to the following person(s):

Spouse's Name: \_\_\_\_\_

Partner/Significant Others Name: \_\_\_\_\_

Relative's Name & Relationship to you: \_\_\_\_\_

**I DO NOT wish to have medical or billing information released to **any person(s), including those, if any, listed above.****

(please initial) \_\_\_\_\_

## Emergency Contact (not living with you)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_