



James A. Cervantes, M.D.
Brock R. LaSure, M.D.
Carrie Juracek, PA-C

Printed Name

Date of Birth

Address

City, State, Zip Code

Telephone Number

I authorize current demographic and insurance information to be release

From: Bellevue University International Student Coordinator
1000 Galvin Road South
Bellevue, NE 68005

To: FP Associates, P.C.
1103 Galvin Road South, Suite G
Bellevue, NE 68005

This statement of consent can be revoked at any time in writing before the disclosure of the information. A photocopy of this authorization shall be valid as the original.

Signature of Student/Patient

Date