

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION CHILDREN'S All areas designated by an are REQUIRED for valid authorization.

PLACE PATIENT'S LABEL HERE

044551

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I authorize	hildren's Hospit	tal, New Orleans /	<u> </u>	\vert to reco	eive from 🗹 to rel
INFORMATION RE	GARDING:	_			
	SPE	ECIFIC NAME OF HOSPITAL, PHYSICIAN, SERVICE	AGENCY OR THIRD PART	γ	
-	[]	Jeffrey Thomas Bodin			
STREET ADDRESS	II. D.	СІТУ		STATE	ZIP CODE
528 Beau Che	<u> </u>	Mandeville		_A	70471
Mail M Email: ■ Mail M Email:	jeffreybodin713@	2gmail.com	.		
	effrey Thomas Boo	ain		<u></u>	
Patient's Date of Bit	La				
Service Dates:	<u> 1/01/2008 - 01/01</u>	/2019			
I AUTHORIZE TH	III IE RELEASE OF THE	FOLLOWING INFORMATION:			
	OP, DS, Rad, Lab, Co		, {	ZHistory and P	hysical Report (H&
■ MacAdolescent Beginning Adolescent B	havioral Health	☑ Consultation(s) (Con)	Š	Z Lab Reports	(Lab)
✓ Audrey Hepbu ✓ Billing Informa	In CARE Center	Diagnosis, including alcomagnetic drug abuse	ohol and 5	Radiology Re Results of HI	esults (Rad)
☑ Clinic Notes	11.	✓ Discharge Summary (DS)	,	Report of Op	peration (OP)
Complete Clin	ic Reocrd	Emergency Room Record	i (er)	' ' '	
Omer: Any-re	cords relating to ca	ancer treatment 2008.	·		
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RELEASE OF INFORMATION Authorization for Records



R10020



PERSONAL DRIVER'S LICENSE



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05-22-2018
1508 05-22-1987
155UE 04-05-16
AUDIT 7048
LIFFICE 298
PARISH 52
SEX M
MGT 5 07"
WGT 115-42
EYES BINES

BODIN
JEFFREY THOMAS
S28 BEAU CHAPLE DRIVE
MANDEVILLE, DA 7047 1000

01086283

05-72-2022

NONE NONE RESIDENT

CC Payment Receipt

Transaction Status: Approved

Transaction Date and Time: 5/26/2018 8:45:59 PM

Transaction Reference No.: 1293999

Approval Code: **0001250353**

Order Number: **21776295**

Charge Amount: \$6.50

Credit Card Number: XXXXXXXXXXXXX1006

Credit Card Holder: Jeffrey T Bodin