

Medical Information Release Form

Patient Name:	Date of Birth://
Release of	f Information
[] I authorize the release of information examination rendered to me and claims information may be released to:	
[] Spouse	
[] Child(ren	
[] Other	
[] Information is not to be released to a	anyone.
This Release of information will remain in e	effect until terminated by me in writing.
<u>Mes</u>	sages_
Please call [] my home [] my work []	my cell
If unable to reach me:	
[] you may leave a detailed r [] please leave a message a [] Other	sking me to return your call
The best time to reach me is (day)	time
Signature:	Date:/
Witness:	Date: / /