PATIENT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

SECTION A

SECTION B

I am requesting the following information:

SECTION C

Please release information to:

patient, I will be charged $.12 a page for copying

SECTION D

To be READ AND INITIALED by patient/patient's representative. THIS SECTION MUST BE COMPLETED.
This authorization/consent will expire when acted upon or 90 days from the signed date, whichever occurs first.