PATIENT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

SECTION A
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
SECTION B
I am requesting the following information:
□ A
□ con state of the contract o
□ Ab :
SECTION C
Please release information to:
· •
A :
■ , , 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.
AND
nananan Parasitan kanan manaitan minanan mananan manasi menandi terbahkan menandi terbahkan menandi terbahkan Mananan mengatu bankan dari Patan menangkan terbahkan pada k
annana parakan karangan kangan kangan kangan angan kat saka angan angan mangan mana sa taon kana angat ta sa Ankan ak mana ant ta mangang mant angan angan kanga kamana angak mangan an ta an ban ta angak pat ta angan ta