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Date: _____

I, _____ hereby request that you release to:

Physician's name: _____

Address: _____

Phone#: _____ Fax#: _____

A report of my diagnosis, treatment, prognosis and recommendations, as well as, other pertinent data to your treatment to me

From: _____ To: _____

Patient's name: _____

Address: _____

Phone #: _____

Date of Birth: _____ SS#: _____

Patient's signature

Witness