## SAMPLE

## Release of Medical Information

Date:	
To:	
ationt's Name:	
atient's Name:	_
ate of Birth:	_
ther Identifying Information:	
hereby authorize	
RELEASE such information as may be necessary for medical attention.	
atient's Signature	
uthorization must be signed by patient or parent/ guardian in case of minor	or when the
atient is physically or mentally incompetent.	
arent/Guardian Signature	