



“Stronger Every Day”

AUTHORIZATION FOR RELEASE OF PATIENT RECORDS

TO: MCDONALD PHYSICAL THERAPY & SPORTS REHAB CENTER

You are hereby authorized to release to: _____

Copies of any and all medical records or reports, or any other records which you may have with regard to my physical condition.

Account balance and / or claim status

Unless I revoke this authorization at an earlier time, this authorization shall automatically expire sixty (60) days from the date shown below.

A photographic copy of this executed release shall have the same force and effect as an originally executed copy.

Date: _____

Patient Name: _____

Address: _____

Social Security #: _____

Date of Birth: _____

Patient Signature: _____