



TREATMENT INFORMATION RELEASE

Name: _____

Date of Birth: ____/____/____

We are unable to discuss your treatment with anyone unless you give us written permission.

I authorize the release of information including the diagnosis, records, images, examination rendered to me, and claims information. This information may be released to:

Please note: Certain treatments may require the patient be sedated. You will need to have a driver for such treatment.

Your driver must be listed on this medical information release form prior to treatment.

Spouse Name: _____

Child(ren) Name(s): _____

Parent Name: _____

Other Name: _____

Information is not to be released to anyone.

This release of information will remain in effect until terminated by me in writing.

Signed: _____

Date: ____/____/____

