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**RECORDS RELEASE**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby authorize you to release to**

\_\_\_\_\_

**any information including the diagnosis and records of any treatment or examination.**

**For** \_\_\_\_\_  
**rendered to me during the period from** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
\_\_\_\_\_  
**Address**