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AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO ANY INDIVIDUAL OTHER THAN YOURSELF

ANY AND ALL OF MEDICAL INFORMATION MAY BE GIVEN ON MY BEHALF TO THE
 FOLLOWING INDIVIDUALS:

- 1.) _____ Phone: _____
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- 3.) _____ Phone: _____

Please let us know how to contact you with lab/Radiology results, appointment confirmation or any other medical information:

ALTERNATIVE CONTACTS:	YES	NO
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Leave message on cell phone		
Other _____		

Signature _____

Date _____