



P R E M I E R
PHYSICAL THERAPY

Where it's all about you... all the time.

Authorization for Release of Medical Records

I hereby authorize _____ to disclose to **Premier Physical Therapy** or their agent, any information which they may have acquired by history, examination or other means, pertaining to my physical and/or mental condition, and I hereby release them of any consequences thereof.

_____ Office Notes

_____ Radiology Reports

_____ Operation Reports

_____ Other: _____

Eric Mason PT

Witness

Patient Name

Patient Signature

Date