

West Monroe: 107 Summer Lane West Monroe, LA 71291 PH: 318.396.1969 F: 318.396.1970 Ruston: 2309 S. Service Rd. W. Ruston, LA 71270 PH: 318.232.1969 F: 318.232.1970 Monroe: 4401 Sterlington Rd. Monroe, LA 71203 PH: 318.388.1989 F: 318.388.1992

Shreveport: 1800 Buckner Square - Ste C249 Shreveport, LA 71101 PH: 318.934.1969 F: 318.934.1960

Our mission: To joyfully use our gifts to brighten the lives of others.

MEDICAL RECORDS RELEASE

		PATIENT	INFORMATION		
TODAY'S DATE:					
Name:	me:DOB:				
Address:		City/State/Zip_			
Phone: H)	Pone: C)		Phone: W)		
_			Charged For Medical Reco		
		Release			
Name/Facility:					
•			v/State/Zip		
Phone:			,, o ca co, <u> </u>		
Information May Be:	Mailed Faxed				
		Purpos	se		
Medical Care A	Attorney/LegalPe		r the following purpose(s nceDisability/SSI): 	
		Information	to Release		
All Medical Records	Evaluations	Progress Notes	Discharge Summary	Other:	
	Patient/Paren	nt/Legal Guardia	n Authorization		
event or condition (com will not apply to uses or the individual/parent/le	plete if desired): disclosures occurring p gal guardian must subn al Therapy 107 Summe	This Authori rior to our receipt on hit a revocation req	ization may be revoked at of your revocation reques uest in writing to Attn: M	d or, if specified, on the following date, any time. However, the revocation t. In order to revoke the Authorization ledical Records Dept. to Melanie Massey Physical Therapy	
			Date:	<u></u>	
Signature of Parent/	Legal Guardian (che	eck one).			

Note: IF Legal Guardian is checked, documentation establishing guardianship must be provided or on record in order to comply with above request.