Pat's Medical Insurance Counseling
221 Feather Ct
Lincoln, CA, 95648

Phone: 916-408-0411
Fax: 916-408-1144
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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request any physician, clinic, hospital, provider of medical services, any insurance company, or family member to furnish PAT'S MEDICAL INSURANCE COUNSELING (PAT JOHNSON) any and all information concerning my illness, injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records and copies of all charges, billings and payments pertaining thereto.

A photocopy of this authorization shall be valid.

Name: ____

Address: ____

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Signature: X____

Date: ____________