

Medical Information Release Authorization

To: (Medical Doctor or Hospital)
(Address)

Re:

Ronald J. Webber
44 Predicament Place
Estrangement, NJ 08837
S.S.#: 123-45-6789

This will authorize you to release to the firm of Romanowski Law Offices, or its designated representative, and bearers of this authorization, full and complete copies of all of my medical records, doctors' reports, hospital reports, including X-rays, nurses notes, doctors' order sheets, discharge summaries and any other information or items or record which they may request.

Ronald J. Webber

Dated: _____

Acknowledgment

STATE OF NEW JERSEY :
SS :
COUNTY OF _____ :

I certify that on (Date), (Name of Responding Party) personally came before me, a Notary Public of the State of New Jersey, and acknowledged under oath, to my satisfaction, that he/she is the person named in and who personally signed this Authorization.

Name of Notary Public
My Commission Expires: _____

Date: _____