

# Ottauquechee Physical Therapy

"Immediate Relief - Long lasting independent results."



**Peter P. Mayock, PT**

442 East Woodstock Road, Unit 3 Woodstock, VT 05091

Ph(802)457-3215 Fax(802)457-6118

## **AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS AND REPORTS**

DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

FAX#: \_\_\_\_\_

PATIENTS NAME: \_\_\_\_\_

PATIENTS DOB: \_\_\_\_\_

To whom it may concern,

You are hereby authorized to furnish to, **OTTAUQUECHEE PHYSICAL THERAPY**, any reports of information they may request regarding the medical history, physical condition, and treatment of said issue below.

**\*\*PLEASE SEND RADIOLOGY REPORT ONLY, NOT DISKS\*\***

CIRCLE: MRI CT X-RAY \_\_\_\_\_ DATE: \_\_\_\_\_

CIRCLE: MRI CT X-RAY \_\_\_\_\_ DATE: \_\_\_\_\_

CIRCLE: MRI CT X-RAY \_\_\_\_\_ DATE: \_\_\_\_\_

Photostatic copies of the authorization will carry the same authority as the original. This authorization will apply to all occasions of service until it is revoked.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Witness