

RELEASE OF MEDICAL INFORMATION

I, _____ give Dr. Swanson permission to release/share information about my medical condition to the following person(s):

1. _____ relationship _____
2. _____ relationship _____
3. _____ relationship _____
4. _____ relationship _____

You may call my home. Yes No

You may call my work. Yes No

You may call my cell. Yes No Cell Phone # _____

You may leave a message on my home answering machine. Yes No

You may leave a message on my work answering machine. Yes No

Do we have your permission to send a thank-you to the person referring you to our office?

Yes No

Signed: _____ Date: _____