

 10319 Dawson's Creek Blvd., Ste. C
 Ph: 260.492.7451

 Fort Wayne, IN 46825
 Fx: 260.492.7292

Medical Release Form

Attending Physician (s)

Name (s)	Phone #
medical or medically related face Bureau or other organization, in me or my health or that of my face	physician, medical practitioner, hospital, clinic or other fility, insurance company, the Medical Information stitution or person that has any records or knowledge of amily listed on this form to give to my employer or its A photographic copy of this authorization shall be as
Signature	Date
Printed Name	