

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, do hereby authorize _____
to release to the Law Office of Mark A. Ward any and all records, testing results,
or other information requested.

I hereby waive any confidential relationship in authorizing the release of this
information and agree that the facility named above shall in no way be responsible
or liable for the release and use of this information.

This the ____ day of _____, 2010.

PATIENT

DOB:

SS#:

WITNESS:
