iMsk & Spine Group
INTEGRATED MUSCULOSKELETAL, SPINE, AND REHAB MEDICINE

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Authorization for Release of Medical Records

I, the undersigned, in consideration of medical services provided to me at iMsk & Spine Group, PC, do hereby agree to the following:

I authorize the release of any information and/or medical records pertaining to treatments rendered to me, to be directed to The iMsk & Spine Group, PC.

Name of patient (please print): _____

Signature: _____ Date: _____