

**CONSENT**

I, the undersigned,

**ANNELINE ELIZABETH BROWN**

**(ID:- 830721 0262 086)**

being an adult female and being of sound and sober mind do hereby consent to the medical professionals and hospitals that have treated me to release all and any medical records and information pertaining to any condition/s suffered by me and/or diagnosis made to my attorneys of record namely **BURNETT ATTORNEYS & NOTARIES INC.** and to comply within any lawful request made by them.

**SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_ DAY OF AUGUST 2022**

**AS WITNESSES:**

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
**ANNELINE ELIZABETH BROWN**