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INJURY

Sample Form: Medical Records Release

One of the first steps in the process of assessing your legal claim is to review your medical records. Some personal injury lawyers have medical professionals on their staffs who assist in the records review process and then advise the attorneys on the medical aspects of the case. Other attorneys may seek the assistance of independent physicians outside of their office who are familiar with the types of injuries involved and who may even be called upon to testify if the case goes to trial. In any event, your attorney will need you to sign a release form like the one below so that your medical providers are authorized to provide a copy of your records to your lawyer.

Patient's name _____

Date of birth ____/____/____

Social Security Number _____-____-_____

Address _____

Telephone number (____) ____-_____

Please release my medical records from:

Name of provider _____
Provider's address _____

TO:

[ATTORNEY'S NAME AND ADDRESS HERE]

Please release all records, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-rays.

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS PROVIDED ABOVE.

Patient's Signature

Date: _____