RehabExperts Massage Therapy, LLC Studio: 15 Money Hill Rd, Chepachet, RI (401) 569-8080

Authorization to Release Healthcare Information

Client's Name:	DOB:	
Address:		
City:	State: Zip:	
This authorization applies to:		
$\hfill \square$ Health information relating to the following treatment, conditions	on, or dates:	
☐ All health information		
☐ Other:		
Pamela Murgo, LMT and RehabExperts Massage Therapy, information designated above to: Name:	LC is hereby authorized to release the health Phone:	
Address:		
City:	State: Zip:	
Authorization expires six (6) most Signature: Print Name:	onths from date of signature Date:	
Relationship Witness:	Date:	
		_
Print Name:		

Mailing Address: RehabExperts Massage Therapy

Pamela Murgo, LMT

PO Box 1089

Chepachet, RI 02814