Andover
Physical Therapy

Physical Therapy
Consultants, Inc.

13831 Round Lake Blvd • Andover, MN 55304
Phone (763) 433-8108 • Fax (763) 433-8134
www.physicaltherapyptc.com

Authorization To Release Medical Information

This will authorize____to release to Andover Physical Therapy information from the medical record(s) maintained regarding all injuries, medical history, and physical condition.

The information to be disclosed is:

_____Discharge Summary

_____Consultation Reports

_____History and Physical Exam

_____Laboratory Reports

_____EEG's, EMG's, EKG's, MRI's, CT Scans

_____Occupational Therapy Notes

_____All Medical Records

_____Operative Reports

_____Pathology Reports

_____X-ray Reports

_____Doctors Progress Notes

_____Physical Therapy Notes

_____Doctor Statements

_____Other (Specify)

The information is needed to assist in development of a physical therapy plan of care.

I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose this consent will automatically expire without my express revocation.

A photocopy or fax copy of this authorization shall be considered as valid as the original.

____
(Signature of Patient/Guardian)

Date:_____________________________

Patient Name:_________________________________

Date of Birth:______________________

SS#:____