

## Authorization to Release Results

Date:

To: (Carrier Name and Address)

From: (Client Name and Address)

RE: File Number:

Date of Birth:

Social Security #:        -    -

Please fax my insurance exam, lab results (blood and urinalysis), and resting EKG to me at:

Fax:

Phone:

Thank you for your prompt attention to my request.

Sincerely,