

Axis Physical Therapy, Inc.
610 Forest Avenue
Pacific Grove, CA 93950
(831) 655-9881

I, _____, authorize my medical
record/reports to be released to Axis Physical Therapy, Inc. You
may fax them to (831) 655-9883 or mail them to the address listed above.

Thank you.

Signature

Date

Patient DOB:
SS#:

REQUESTING THE FOLLOWING INFORMATION:

_____ Copy of Op-report for _____

_____ Copy of MRI report

_____ Medical Records for dates: _____

_____ Other _____

