

MEDICAL RECORDS RELEASE

*From: A Sensitive Touch
Attn. Gigi J. Decker
2208 Edgebrook Avenue
Saint Paul, MN 55119*

To: _____

Phone: (_____) _____

In Regards To:

Patient: _____

Today's Date: _____

Date of Birth: _____

Date of Injury: _____

I hereby authorize the above named facility to furnish A Sensitive Touch with (please check off all that apply:)

- diagnoses and ICD-9 codes used for billing
- medical records of treatment
- copies of correspondence
- other _____

PATIENT SIGNATURE

Patient's Signature: _____

Dated: _____

WITNESS SIGNATURE

Witness: _____

Please print name here: _____

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