

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____ (SS# _____, DOB: _____) hereby grant my Employer, _____, by and through Ross, Brittain, & Schonberg Co., L.P.A., the right to review, inspect and copy any and all reports and records, both medical and hospital, charts, x-rays and x-ray reports, with regard to my condition, whether it be physical or mental, and the treatment for same. Additional information covered under this release includes any and all workers' compensation claims and documents related thereto.

This authorization shall be in effect until further notice and upon my request at any time, may be withdrawn through written notification to my Employer through its legal counsel. I also agree that a xerox copy of this authorization may be used in place of the original.

Claimant's Signature