



## David Stevenson Physical Therapy, Inc.

Kodra Professional Center 777 S. Palm Ave., Suite 10, Sarasota, FL 34236

Phone: 941/330-1677 Fax: 941/330-1688

### AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Patient's Birth date: \_\_\_\_\_

I, \_\_\_\_\_, hereby **authorize** David Stevenson  
Physical Therapy, Inc. to release my records to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_