701 Helena Avenue
Helena, MT 59601
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Gold Leaf PHYSICAL THERAPY

Medical Release Form

Please **list below** any individuals, organizations, or healthcare providers whom you authorize us to discuss your care and billing information. This authorization will remain in effect for a period of one year unless you revoke it. This authorization is for verbal and written communication. There may be a charge for copies of medical records. Examples of organizations or individuals could include: Attorneys, Caregivers, Case Worker, Spouse, etc.

Facility/Individual	Relation to Patient

Patient/Representative Signature:______________________________

Representative Relationship:______________________________ Date:____________________