

Branton & Jarrah, P.A.

Internal Medicine

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Salisbury, MD 21801

This form allows our office staff to release medical information to anyone listed below. We will not release any medical information to spouse, family, friends, etc.. without prior authorization from the patient.

Date: _____

THIS AUTHORIZES BRANTON & JARRAH, P.A. TO RELEASE INFORMATION REGARDING MY MEDICAL FINDINGS, MY FINANCIAL RECORDS OR ANY INFORMATION PERTINENT TO MY MEDICAL CONDITION TO:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PATIENT SIGNATURE: _____

WITNESS: _____