

Damien Howell Physical Therapy



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804-594-0403
<http://www.damienhowellpt.com>

Patient Release of Information Form

In order to obtain information from previous diagnostic tests, you must give permission for this information to be shared with Damien Howell Physical Therapy. This form can be used to obtain results of previous radiographs or MRI. You can fax this to the facility at which radiographs or MRI were done and have the results faxed directly to Damien Howell Physical Therapy (fax number **804-594-0319**).

I _____ give _____
(your name) (name of institution or practice)
permission to release my medical records to: Damien Howell Physical
Therapy.

My SS# is _____

My date of Birth is: _____

My Signature or signature of guardian if under 18 years old:

My name printed: _____

Date(s) of service: _____

Procedure: _____