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PERMISSION FOR ATTORNEY TO SHARE INFORMATION

I give any attorney assigned to my Workers Compensation case, now or in the future, permission to discuss my case with the doctors and staff of Gardiner Family Chiropractic and to share any records regarding my case with the doctors and staff of Gardiner Family Chiropractic.

This permission is in effect from this date forward.

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Patient Signature

Date

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Patient Name (Printed)

Date of Injury