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PATIENT MEDICAL RELEASE FORM

THIS MEDICAL RELEASE FORM GIVES PERMISSION TO A FAMILY MEMBER OR A FRIEND TO HAVE ACCESS TO YOUR MEDICAL RECORDS IN CASE OF AN EMERGENCY OR TO INQUIRE ABOUT YOUR HEALTH.

IT IS ESSENTIAL THAT YOUR SIGNATURE BE AT THE BOTTOM OF THIS PAGE.

Patient's Name: _____

Date: _____

I HERBY GIVE KAREN S. BRIGGS, D.O. / BARRY J. KAUFMAN, D.O./ AURABIND BALAGANI, D.O. PERMISSION TO DISCUSS MY MEDICAL/OCULAR CONDITION WITH THE FOLLOWING PERSON(S).

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Patient's Signature

(an additional page can be supplied upon request)

OFFICE USE ONLY

Chart # _____

KB BK AB

Scanned/Initial: _____