

AUTHORIZATION FOR MEDICAL INFORMATION

TO: _____ Date: ___/___/___

This authorizes the physicians, hospital, physical therapists, lab technicians, pharmacy, and all medical attendants to furnish full and complete medical reports, and information hereby requested by the undersigned, to the law firm of DRAZIN & WARSHAW, or to any representative, attorney or investigators from said firm, and especially any and all medical reports concerning injuries he/she sustained as the result of an incident which occurred on the _____ day of _____, 2001. This authorization also includes examination of all hospital records, x-ray film, and furnishing of any information including opinions, which will aid the said attorneys in the prosecution of claims against the insurance carriers, and others for injury sustained. Said law firm has been retained to represent me in connection with the claim, and to take all necessary steps to secure the collection thereof.

Your full cooperation with my attorneys is requested. You are further requested to disclose no information to any insurance adjusters or other person without written authority to do so.

ALL PRIOR AUTHORIZATION IS HEREBY CANCELLED.

_____,
Patient