

Axis Physical Therapy, Inc.
505 E. Romie Lane Suite I
Salinas, CA 93901
(831)757-3055
(831)757-5622

I, _____, authorize my medical
record/reports to be released to Axis Physical Therapy, Inc. You
may fax them to (831) 757-5622 or mail them to 505 E. Romie
Lane Suite #I, Salinas CA 93901.

Thank you.

Signature

Date

Patient Name:
DOB:
SS#:

REQUESTING THE FOLLOWING INFORMATION:

_____ Copy of Op-report for _____

_____ Copy of MRI report

_____ Medical Records for dates: _____

_____ Other _____

