



PHYSICAL THERAPY / WELLNESS / TENNIS

Legendary Heights Patient Release of Records

I hereby authorize the release of my medical and physical therapy records. I understand it may take up to 48 hours for my records to be transferred. I request for my records to be transferred to:

Doctor / Hospital / Physical Therapist:

Above Email Address:

Above Phone number:

Above Address:

(Street, City, State, Zip Code, Country)

Date of Records wanting to be Released:

Reason for Release:

Referred for Treatment / Second Opinion / Seeking Treatment elsewhere

If seeking treatment elsewhere, please provide a reason so that improvements can be made:

Other:

Patient's name:

Patient's DOB:

I give Dr. Danrich Kruger PT, DPT permission to release my records to the recipient above.

Patient Name (Printed)

Patient Signature

Date



@dr.legendaryheights



legendarytpt.com



danrich@legendarytpt.com



580-740-1169