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AUTHORIZATION TO RELEASE MEDICAL RECORDS

TO:

You are hereby authorized to furnish the law firm of Carlin & Shapiro, P.A., 178 Middle Street, Ste 401, Portland, Maine 04101, all information within your knowledge or possession regarding the physical or mental condition of _____, including histories, findings, examinations, test results, x-rays, diagnoses, nurses' notes, charts, cards, discharge summaries, medical bills, and to furnish copies of any such medical records.

A photocopy of this authorization shall have the same effect as an original.

DATED:

Signature