AGNELLO
SPINE & SPORTS
PHYSICAL THERAPY

5141 BRIGHTWOOD ROAD
BETHEL PARK, PA 15102
(412) 831-1220
FAX (412) 831-1663

MEDICAL RECORDS AUTHORIZATION

PLEASE FAX ASAP
(412-831-1663)

THANK YOU

PATIENT IS HERE NOW.

Patient: ______________________________
(please print)

Date of Birth: ______________________________

I, the undersigned, authorize the following facilities to release to Agnello Spine & Sports Physical Therapy the following medical reports:

	Facility Name:	Diagnostic Test: (ex: MRI, X-Ray, Surgery Rpt)	Test Date:	Fax Number:
1				
2				
3				
4				

******* Please fax the requested reports to 412-831-1663. *******
******* We are not requesting films. Thank you. *******

The foregoing authority shall continue in force until revoked in writing.

______________________________ ______________
Signature Date