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...Caring For Serious Injuries

****Please complete this form if you would like our health centre to release information to your lawyer****

I hereby give consent to ***Pacific Coast Recovery Care*** and ***Dr. Gurdeep Parhar*** to release medical information about my health to my lawyer and to any other health care providers that may be involved with my care.

Lawyer's Name and Address:

Patient's Name (please print):

Patient's Signature:

Date Signed:
