



Unit 2 / 458 Middleborough Rd. Blackburn Nth 3130 P: 90782032 F: 90782157

**Confidential / Personal information Release Form**

I, \_\_\_\_\_(name),

\_\_\_\_\_ (DOB)

of \_\_\_\_\_ (address)

hereby authorize Dr. H Lin of SpinoConcept to release relevant medical information including treatment details to third parties specified below for insurance, medico-legal and/or employment purposes.

**List of third parties:**

- 
- 

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_