

Smith Plastic Surgery
16 Okatie Center Blvd, Ste 101
Okatie, SC 29909

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, give permission for you to speak with the individual(s) listed below information related to my health or finances.

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Patient Signature

Date