Blue Water Therapy
916 N. Dixie Freeway
New Smyrna Beach, Florida 32168
Phone: 386-426-7885 Fax:1-866-239-9013
bluewatertherapy1@gmail.com

Medical Records Release and Request Form

I (the undersigned) give my consent for Blue Water Therapy to request and receive any and all medical documents related to my treatment of physical therapy performed through them. I also hereby authorize Blue Water Therapy to release medical information necessary to any and all parties involved in my medical treatment (example: health care providers, insurance carriers, attorney or any other person representing me on my behalf).

_____
Patient Signature or Guardian Date

_____
Print Name or Guardian Date

_____
Date of Birth

_____
Treating Physician