



9041 Magnolia Ave. Ste. 107  
Riverside, Ca. 92503  
PH: 951.353.1021|FX : 951.687.0692

## Consent to Release of Information

By signing this document you agree to release of medical information to parties involved in your workers' compensation claim. The involved parties could include: your employer, workers' compensation representative, insurance carrier representative, referral providers identified in your medical records, and second opinion physician.

**I agree to the release of my medical records to the parties involved  
in my workers' compensation claim.**

\_\_\_\_\_  
Patient PRINTED Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature