

REED I. WARD, D.O. 3425 Potomac Way Idaho Falls, ID 83404 Office: (208) 528-8170

AUTHORIZATION TO RELEASE INFORMATION

Dr. Reed I. Ward is hereby authorized to release and/or request any medical or incidental information that may be necessary for either medical care or in processing application for financial benefit.

The following family members or close persons are authorized to receive my Medical Information.

Patient or Responsible Party's Signature

Date