

**Jean Donati Acupuncture, LLC**  
**Licensed Acupuncturist**  
**410-984-3700**

RELEASE OF INFORMATION (Revised 12/2/20)

I \_\_\_\_\_, hereby authorize the release of medical information regarding \_\_\_\_\_, to the following institutions/individuals:

Name: \_\_\_\_\_  
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Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Witness: \_\_\_\_\_ Date \_\_\_\_\_