

Release of Report

This form is used to list anyone you would like the report faxed to once feedback is completed. We ask you list no more than two providers. Additional providers may be faxed upon request and discussion with your treating doctor. If you do not want the report sent out or prefer to wait, no need to complete this form at this time. You will be given a copy of the report at the follow up meeting.

Who would you like to report sent to?

Name of Provider: _____

Fax for Provider: _____

Name of Provider: _____

Fax for Provider: _____