

**INDUSTRIAL
STRENGTH
WORK REHABILITATION CENTER**



PHYSICAL THERAPY THAT WORKS

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Sulphur, LA 70663

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Medical Record Release

Patient's Name: _____

Date of Birth: _____

SS#: xxx-xx-_____

Address: _____

Phone Number: (____)_____

I hereby authorize Industrial Strength to release my medical records to:

Name: _____ Company: _____

Phone: _____ Fax: _____

E-Mail: _____

Address: _____

Print/Signature

Date