

**INDUSTRIAL
STRENGTH
WORK REHABILITATION CENTER**



PHYSICAL THERAPY THAT WORKS

3708 Maplewood Dr.
Sulphur, LA 70663

Phone: (337) 497-1464
Fax: (337) 497-1465
info@industrialstrengthworks.com

Medical Record Release

Patient's Name: _____

Date of Birth: _____

SS#: _____

Phone Number: _____

Address: _____

I hereby authorize you to release my medical records:

To: Industrial Strength Work Rehabilitation Center

Phone: (337) 497-1464 Fax: (337) 497-1465

E-Mail: info@industrialstrengthworks.com

Address: 3708 Maplewood Dr.
Sulphur, LA 70663

From: _____
(Physician)

Phone: _____ Fax: _____

Address: _____

Print/Signature

Date

Witness