RuppMassage

8202 Clearvista Pkwy Ste 8F
Indianapolis, IN 46256
317.223.1639 • RuppMassage.com

Medical Release and Release of Information

Patient Name _____Date of Birth_____

Physician_____Date of Care_____

To Whom It May Concern;
I authorize the release of my medical records, information, treatment and advice, and specific health information to Tracy Rupp, RuppMassage, 8202 Clearvista Pkwy Ste 8F, Indianapolis, IN 46256, 317.223.1639, RuppMassage.com Email: ruppmassage@yahoo.com

Please forward the following items indicated

- ❑ X-ray (films)
- ❑ Operative reports
- ❑ X-ray reports
- ❑ Complete medical records

Per my request, please also discuss the following conditions and course(s) of treatment:

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