

EXECUTOR
AUTHORIZATION TO RELEASE MEDICAL INFORMATION

To Whom It May Concern:

I _____ Executor of the Estate of
_____, authorize and
direct Bangs Ambulance, Inc. to furnish to _____

all information and records, or copies of records, relative to treatment and
transport rendered to me, on the following date(s):

From _____ to _____

Dated _____

Patient – Print Name

Patient – Sign Name