

Medical Information Disclosure Order

Court/Authority Name:

Case Number:

Patient Name:

Date of Birth:

Order Date:

Order:

Upon review, it is hereby ordered that the designated medical provider/organization is required to disclose the medical information of the above-named patient as pertinent to the proceedings in case number referenced above. The information shall be released only to authorized parties as identified by this Court/Authority.

Restrictions/Scope of Disclosure:

Authorized Recipient(s):

Names and Signatures:

Judge/Authority Name:

Signature:

Date: