AUTHORITY TO RELEASE MEDICAL INFORMATION

To: Doctor/Hospital Paul M. Quinlan, PhD.

Address 380 Union Street West Springfield MA 01089

In Re Patient Alice Louise Warren (Mrs. John Warren) Patient No: _____

Known Dates of Treatment _____

Date of Birth: May 7, 1927 SS #: 024-20-5478

You are hereby authorized to furnish and release to, Robinson Donovan Madden

& Barry

all records, (not limited by known dates of treatment listed above) including but not limited to findings, treatment, opinions and /or observations as to my condition. Please do not disclose anything to insurance adjusters or other persons without written authority from me. (This information constitutes confidential and privileged communication.) Prior authorizations are hereby cancelled. This authority shall continue in force until revoked by me in writing.

10-6 1990

Mrs. John H. Warren
Patient or Legal Representative

We respectfully request the following:

___ Itemized Bill for services
xx Medical Reports
___ Emergency Room Records
___ Complete Hospital Record
___ Hospital Record (without nurses notes)
___ Abstract of Hospital Record
___ Discharge Summary
___ Reports of and all notes of surgical procedures
___ Admission History and Examination
___ Consent Form(s)
___ X-Ray Reports
___ X-Ray films
___ Positive copies of X-Ray Films
___ Laboratory Reports
___ All Incident reports
___ EKG's, EMG's, CAT Scans, and all other test results
xx Complete office records inc. all writings from any source

Please attach your invoice for any photostating cost and include it with requested records. Thank you.

Attorney _____
James H. Tourtelotte
Robinson Donovan Madden & Barry
1500 Main Street, Box 15609
Springfield, MA 01115
Telephone (413) 732-2301

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