DR. GARY BIRDSALL
MEDICAL CLINIC, LLC

102 W 112th Street, Cut Off, LA 70345 Phone: 985-632-5222 Fax: 985-632-4222

Release Form for Individuals involved in Care of Patient

I, _____DOB_____, give Dr. Gary Birdsall Medical Clinic, LLC, permission to speak with the following people regarding my health status, including diagnosis, treatment options and plans and payment for health services I receive from Dr. Gary Birdsall Medical Clinic, LLC.

This consent is valid until such time as I provide Dr. Gary Birdsall Medical Clinic, LLC, written revocation of it.

Dr. Gary Birdsall Medical Clinic, LLC, may speak with:

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____