

Release of Medical Information

Please authorize a report to be released to all of your Health Care Professionals listed below.

Practitioner/Specialist: _____

Address: _____

Phone: _____

Practitioner/Specialist: _____

Address: _____

Phone: _____

Practitioner/Specialist: _____

Address: _____

Phone: _____

I authorize the release of communications regarding my treatment with **Dr. Marc E. Segal, DDS**, the **Care Center for TMJ/Sleep Disorders**, a full report of examination findings, diagnosis, treatment plan, and progress reports to the providers listed above.

Signed: _____ Date: _____

St. Mary Medical Center
Franciscan Building
1205 Langhorne-Newtown Rd. Ste 207
Langhorne, PA 19047
215-752-0474