Authorization to Release Ambulance Run Report Information

I hereby authorize and request Webster Emergency Medical Services to furnish a copy of the ambulance run report of:

_____ _____
Patient Name (Last, First, Middle Initial) Date of Birth

_____
Street Address City/Town State Zip Code

for the period from _____, 20_____ to _____, 20_____

to_____
(Name of Third Party or Myself)

The **purpose** or **need** for this release of information is:

Personal_____ **Medical_____** **Legal_____**

I hereby release Webster Emergency Medical Services from all legal responsibility or liability that may arise from the act I have authorized above.

This consent will expire (60) days after the date below. Requests will be processed within 5 business days.

Signature:_____
Date:_____

Desingate Relationship to Patient (if applicable):_____

Witness_____
Date:_____

Fee: $10.00 **Received by:_____**