

**ABRAMS LANDAU, LTD.  
AUTHORIZED RELEASE**

TO: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

PATIENT: \_\_\_\_\_

I hereby request and authorize you to furnish to my attorney, Douglas K.W. Landau, Esquire, or his representatives, any and all information which they request with respect to the following:

- Hospital and/or Medical Records & Bills including medical history, consultations, prescriptions, treatment and x-rays, and any and all services rendered with regard to any claims as the result of a job related injury, motor vehicle accident, disease, condition or disability I may have.
- Wage and Employment Records
- Police Accident Report
- Attendance and Scholastic Records

**A copy of this authorization is as valid as the original.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_

\_\_\_\_\_  
Date of Birth