



Arm and Hand Rehab  
6692 Merchandise Way, Suite C  
Diamond Springs, CA 95619  
Ph: 530-621-1149 Fax: 530-626-3049  
[www.armandhandrehab.com](http://www.armandhandrehab.com)

Date: \_\_\_\_\_

I give permission to Arm and Hand Rehab to discuss my personal medical information and/or billing related information with the following individual:

\_\_\_\_\_

(Spouse, Parent, Child, Sibling, Significant Other)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_