

C463

“Release of Medical Information”

Claim Number:	
Worker's Name:	

Date(s):	From:	To:
Part of Body:		

To Whom It May Concern:

I, _____, authorize you to release copies of any or all information and medical reports, including psychological and psychiatric reports, and work history reports, to the Workers' Compensation Board of Alberta, for the above dates and parts of body, where they are required for the purpose of adjudication of the above claim.

This authority shall continue until withdrawn, by me, in writing.

Signature

Date

Witness

Date