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AUTHORIZATION TO RELEASE ELECTRONIC RECORDS

You are hereby authorized and requested to furnish to Kevin B Horton MD or his representative, all my medical and drug records (including xrays, if any), and reports, abstracts, and summaries thereof, histories and records, and other information pertaining to me, to permit them to examine all originals and to make copies thereof.

Sign: _____

Print: _____

Address: _____

DOB: _____

Date: _____