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I, _____ grant permission to Dr. Steve Rosman to speak

with _____

(list your healthcare providers on the line above)

about all notes, records, conversations, medical tests, and other assays that pertain to me and my medical records. I waive all rights to privacy purpose of their conversations with one another. This waiver extends to these individuals and to no others unless other waivers have been signed and such permission has been granted.

My signature as the patient or parent/guardian, if patient is a minor:

Date: _____