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RELEASE OF CONFIDENTIAL MEDICAL INFORMATION

Dr. Stephen Duncan and staff consider all patient information confidential. List all individuals with who we may discuss your medical condition, test results, and/or treatment plan. Please sign below indicating you have given this authorization. You may discuss my treatment with:

1) Name: _____ Relationship: _____

2) Name: _____ Relationship: _____

Patient Signature: _____

Print Name: _____