

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize you to permit TERRY A. FRIEDMAN, Attorney at Law, 518 Pyramid Way, Sparks, Nevada 89431, or his duly authorized agents, to inspect and obtain copies of all my medical, hospital and therapy records, reports, documents, prescriptions, papers and x-rays and/or any and all records pertaining to vocational, psychological and rehabilitative testing and training, together with copies of all billings for any of said services.

This general release further authorizes any law enforcement agency, police department, sheriff's department and highway patrol department, to release accident and/or incident reports and photographs in the custody or control of said law enforcement agency. In addition, I authorize the release of any and all police reports, medical documentation, employment and tax records I may have in my possession or in the possession of my employer and/or family to this law office.

This authorization is extended to and includes photostatic copies of this executed medical authorization.

Dated this _____ day of _____, 20_____.

X _____

S.S.#: _____

Date of Birth _____

Date of Accident _____