

ALBERT J. MARANO, M.D., INC.

Board Certified

Diplomate, American Academy of Neurology and Psychiatry

Clinical Neurology

Electromyography - Electroencephalography

MEDICAL RELEASE OF INFORMATION

DATE:

TO: _____

I, _____, DOB: _____
(NAME)

HEREBY AUTHORIZE THAT:

- 1. ALL RECORDS FROM: _____
- 2. RECORDS RELATING TO: _____

BE FORWARDED TO: **ALBERT J. MARANO, M.D., INC.**
1524 Atwood Avenue • Suite 244
Johnston, RI 02919

PATIENT SIGNATURE: _____