



ABRAMS LANDAU, Ltd.
INJURY LAW FIRM

AUTHORIZED RELEASE

TO: _____

DATE OF INJURY: _____

CLIENT: _____

I hereby request and authorize you to furnish to my attorney, Douglas K.W. Landau, Esquire, or his representatives any and all information which they request with respect to the following:

() Hospital and/or Medical Records & Bills including medical history, consultations, prescriptions, treatment and x-rays, and any and all services rendered with regard to any claims as the result of job related injury, motor vehicle accident, disease, condition or disability I may have.

() Wage and Employment Records

() Social Security File and Records

() Worker's Compensation File and Records

() Permission to speak with police officers and any other persons investigating the claim

() Police Accident Report

() Attendance and Scholastic Records

A copy of this authorization is as valid as the original.

Client's Signature

Date

Address

Social Security No.

Date of Birth

Douglas K. W. Landau, Member of the VA, DC, NJ, CT, FL State Bars